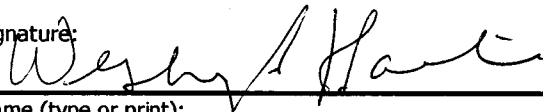
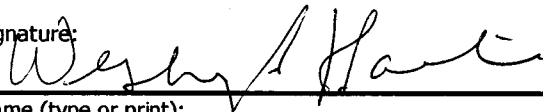
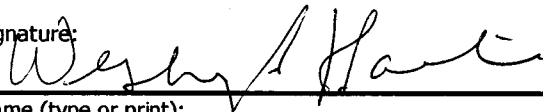


No. W 54179	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office (NOT A P.O. BOX) WESLEY SAVAGE HAWKINS 13754 CLEAR VIEW RD MCCALL ID 83638																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WSH CONSTRUCTION LLC WESLEY SAVAGE HAWKINS PO BOX 3189 13754 CLEAR VIEW RD MCCALL ID 83638		3. <u>New</u> Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>WESLEY S HAWKINS</td> <td>13754 CLEAR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>VIEW ROAD</td> <td>MCCALL</td> <td>ID</td> <td></td> <td>83638</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	WESLEY S HAWKINS	13754 CLEAR							VIEW ROAD	MCCALL	ID		83638	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 54179 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature:  <hr/> Name (type or print): WESLEY S. HAWKINS </td> <td style="width: 40%; padding: 5px;"> Date: 10-20-2015 <hr/> Title: OWNER </td> </tr> </table>		Signature:  <hr/> Name (type or print): WESLEY S. HAWKINS	Date: 10-20-2015 <hr/> Title: OWNER																																								
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Issued 08/27/2015 by online																																													

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.