

No. W 136293	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOHN THOMAS WOOD 1910 HIGH TOP LN REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WOOD BROTHERS HOLDINGS, LLC JOHN THOMAS WOOD C/O Rudd & Company PLLC 1910 HIGH TOP LN 124 E. Main REXBURG ID 83440		3. New Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Matthew D. Wood</td> <td>2906 N. 8000 E.</td> <td>Teton</td> <td>ID</td> <td>USA</td> <td>83451</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>John Thomas Wood</td> <td>1910 High Top LN</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</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"/>	Matthew D. Wood	2906 N. 8000 E.	Teton	ID	USA	83451	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John Thomas Wood	1910 High Top LN	Rexburg	ID	USA	83440	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: IDAHO W 136293		6. Signature: <u>Matthew Wood</u> Date: <u>2-16-18</u> Name (type or print): <u>Matthew Wood</u> Title: <u>Member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM