

| <p>No. W 118333</p> | <p>Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2016</p> | | <p>2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint Legalia C Corporate Services Inc.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|------------|---------------------|--------|----|--|-------|---|-------------|---------------------|--------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p> | <p>1. Mailing Address: Correct in this box if needed. MTE, LLC TERRY W. HUNT 37 WHISPER RIDGE ROAD SALMON ID 83467</p> | | <p>800 W. Main St. Suite 1460 Boise, ID 83702</p> <p>3. <u>New</u> Registered Agent Signature. <i>Marko Dasch</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</p> <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>Terry Hunt</td> <td>37 Whisper Ridge Rd</td> <td>Salmon</td> <td>ID</td> <td></td> <td>83467</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sueann Hunt</td> <td>37 Whisper Ridge Rd</td> <td>Salmon</td> <td>ID</td> <td></td> <td>83467</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"/> | Terry Hunt | 37 Whisper Ridge Rd | Salmon | ID | | 83467 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Sueann Hunt | 37 Whisper Ridge Rd | Salmon | ID | | 83467 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Organized Under the Laws of:</p> <p>IDAHO W 118333</p> | <p>6. Signature: <i>Terry W. Hunt</i> Date: <i>10/5/2016</i></p> <p>Name (type or print): <u>Terry W. Hunt</u> Title: <u>Member</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |