No. W 65717 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009	2. Registered Agent and Office (NOT A P.O. BOX) GEORGE E NEWBY
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	5156 EAST HEISE ROAD RIRIE ID 83443
	COVERED BRIDGE LLC	10 00 10
	GEORGE NEWBY	4
	FISH EAST HEISE ROAD 45 N. Newbyl RIRIE ID 83443	3. <u>New</u> Registered Agent Signature.
		
REINSTATEMENT FEE DUE: \$30.00		
<u> </u>	osi Enter Names and Address of Manager OP March	
Office Held Nam	es: Enter Names and Addresses of Managers OR Members, le Street or PO Address	City State Country Postal Code
Mingo George Newby 45 N Newby Rd Rivie Id, Tell 85443		
Magor George Newby 45 N Newby Rt Rivie Id, Tell 83443 Member Tennessee Newby 11 11 11 11 11		
200 101		
3000 or >6000		
708-334-2201		
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5. Organized Under the Law	s of: 6,	
o. Organized orider the Law		
IDAHO	Signature	Date: 7/27/10
W 65717	Name (type or print):	Title: M.
	Marie (type of prints) Cosorge New	10y I'm
Issued 11/17/2009 by SLD	<u> </u>	,

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a <u>new</u> registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put</u> "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.