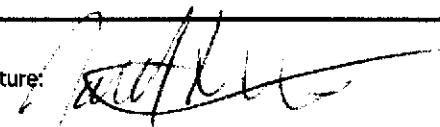


No. W 115461	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016					2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LIBERTY CONTRACTING CO. LLC JARED RAY 5577 E SUGARCREEK RD PRESTON ID 83263					JARED A RAY 5577 E SUGARCREEK RD PRESTON ID 83263	
REINSTATEMENT FEE DUE: \$30.00						3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>JARED RAY</i>	Street or PO Address <i>5577 E SUGARCREEK RD</i>	City <i>PRESTON</i>	State <i>ID</i>	Country <i>USA</i>	Postal Code <i>83263</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>JENNIFER RAY</i>	<i>11</i>	<i>11</i>	<i>11</i>	<i>11</i>	<i>11</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>
Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>
Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>
5. Organized Under the Laws of: IDAHO W 115461	6. Signature: 					Date: <u>7/19/18</u>	
	Name (type or print): <u>JARED RAY</u>					Title: <u>MEMBER</u>	

Issued 07/19/2018 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