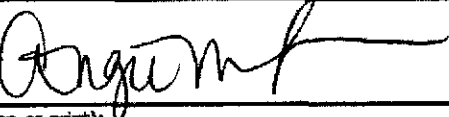


FILED EFFECTIVE

W 173207

6/21/18, 10:47 AM

No. W 173207	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018		2. Registered Agent and Office (NOT A P.O. BOX) STEVE RAUSCH LAW OFFIC PLLC 3623 E COPPER POINT DR STE 106 MERIDIAN ID 83642 1673 W. Shoreline Drive, Ste. 140 Boise, Idaho 83702																																			
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. 12TH MAN EQUIPMENT, LLC STEVE RAUSCH LAW OFFIC PLLC 3623 E COPPER POINT DR STE 106 MERIDIAN ID 83642 1673 W. Shoreline Drive, Ste. 140 Boise, Idaho 83702																																					
3. New Registered Agent Signature.																																						
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robbie Ellsworth</td> <td>2180 Hill Street</td> <td>Kamiah, ID</td> <td></td> <td></td> <td>83536</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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Angie Fleschman</td> <td>2180 Hill Street</td> <td>Kamiah, ID</td> <td></td> <td></td> <td>83536</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Robbie Ellsworth	2180 Hill Street	Kamiah, ID			83536	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Angie Fleschman	2180 Hill Street	Kamiah, ID			83536	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robbie Ellsworth	2180 Hill Street	Kamiah, ID			83536																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Angie Fleschman	2180 Hill Street	Kamiah, ID			83536																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 173207		6. Signature:  Date: 6/21/2018 Name (type or print): Angie Fleschman Title: Manager																																				

Issued 06/21/2018 by online