



| <b>No. W 40557</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 11/26/2013</b>  |  | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>Need to Appoint<br><br>William A. Parsons<br>137 West 13 <sup>th</sup> Street<br>Burley, ID 83318 |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|--------------------|---------|----------|----|----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | <b>1. Mailing Address: Correct in this box if needed.</b><br>TWIN G HOLDINGS, LLC<br>MELANIE A SLAVENS<br>PO BOX 752<br>FILLMORE UT 84631 |  | <b>3. New Registered Agent Signature.</b><br>                                      |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |   |  |   |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Melanie A. Slavens</td> <td>Box 752</td> <td>Fillmore</td> <td>UT</td> <td>US</td> <td>84631</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> <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"/> | Melanie A. Slavens | Box 752 | Fillmore | UT | US | 84631 | 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 or Member  | Name  | Street or PO Address   | City  | State             | Country | Postal Code          |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Melanie A. Slavens  | Box 752  | Fillmore  | UT                | US      | 84631                |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |   |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |   |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |   |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 40557</div>  |   | <b>6.</b><br>Signature: <br>Date: <u>mn. member</u><br>Name (type or print): <u>Melanie A. Slavens</u><br>Title: <u>12/29/13</u> |   |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 12/17/2013 by KAH   |   |  |   |                   |         |                      |      |       |         |             |   |                    |         |          |    |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM