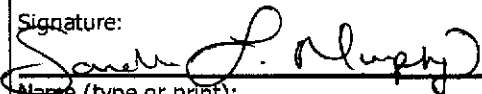


No. W 155228	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) SANDRA L MURPHY 250 COOPER ST WHITE BIRD ID 83554																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. WOODY'S WOOD, LLC. PO BOX 45 WHITE BIRD ID 83554																																		
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>Edward Murphy</td> <td>PO Box 45</td> <td>White Bird</td> <td>Idaho</td> <td>USA</td> <td>83554</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sandra Murphy</td> <td>PO Box 45</td> <td>White Bird</td> <td>Idaho</td> <td>USA</td> <td>83554</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Edward Murphy	PO Box 45	White Bird	Idaho	USA	83554	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sandra Murphy	PO Box 45	White Bird	Idaho	USA	83554	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 155228	6. Signature:  Name (type or print): Sandra L. Murphy			Date: 04-21-17 Title: Owner/Operator																																		