No. W 67715	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010	2. Registered Agent and Office (NOT A P.O. BOX) KENT B CORNELISON 1320 PRESTO IDAHO FALLS ID 83402
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. WOLF MOUNTAIN, LLC PO BOX 50243 IDAHO FALLS ID 83405	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☑ Member ☐	Chances Ass, LLC	P.O. Box 50243	Idaho Falls Bonneville	ID		83405
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 67715	Name (type or print): Kyle Wolf	Title: Manager

Issued 01/24/2013 by SJ

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM