

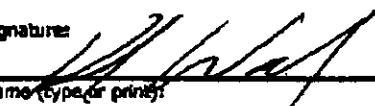
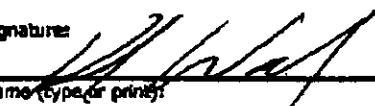
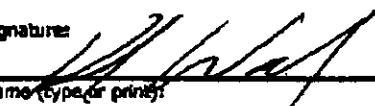
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No. W 67715		Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) KENT B CORNELISON 1320 PRESTO IDAHO FALLS ID 83402																																				
Return to: SECRETARY OF STATE 450 N 4th 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. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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 ☒ Member ☐</td><td>Chances Are, LLC</td><td>P.O. Box 50243</td><td>IDAHO FALLS</td><td>ID</td><td></td><td>83405</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td>Barnesville</td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☒ Member ☐	Chances Are, LLC	P.O. Box 50243	IDAHO FALLS	ID		83405	Manager ☐ Member ☐			Barnesville				Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 67715		6. <table border="1"><tr><td>Signature: </td><td>Date: 1/29/13</td></tr><tr><td>Name (type or print): Kacie Wolfe</td><td>Title: Manager</td></tr></table>				Signature: 	Date: 1/29/13	Name (type or print): Kacie Wolfe	Title: Manager																															
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Issued 01/24/2013 by JLI

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM