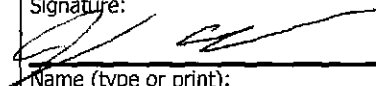


No. W 174835	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) JARED ANDERSON 11003 N 40 E IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SOUTH FORK CARPENTERS LLC JARED ANDERSON 11003 N 40 E IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.
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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> JARED ANDERSON 11003 N 40 E IDAHO FALLS ID 83401			
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> RYAN DECKER 15 N 3823 E RIGBY ID 83442			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 174835 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Jared Anderson</u> </div> <div style="width: 35%; text-align: right;"> Date: <u>3/29/18</u> Title: <u>President</u> </div> </div>	
Issued 03/29/2018 by online			