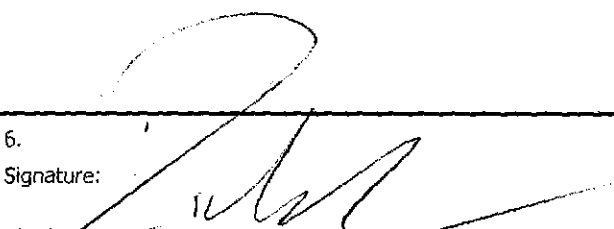


No. W 104963	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) RICK ANSON 5274 E SAWMILL WAY BOISE ID 83716
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LIVEWELL L.L.C. RICK ANSON 106 N 6TH ST STE M5 BOISE ID 83702		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 type="checkbox"/>	Rick Anson 5274 E. Sawmill Way Boise, ID, 83716		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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: large;"> IDAHO W 104963 </div>	6. Signature:  <hr/> Name (type or print): <u>Rick Anson</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>11-29-16</u> Title: _____ </div> </div>		
Issued 11/29/2016 by online			