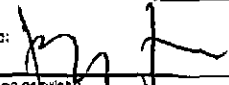


No. W 72829	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SCRATCH, L.L.C. JESSICA M COTTON 185 W CENTER ST VICTOR ID 83455		JESSICA COTTON 185 WEST CENTER ST VICTOR ID 83455																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>NCW</u> Registered Agent Signature.																																			
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>Jessica Cotton</td> <td>185 W. Center St</td> <td>Victor</td> <td>ID</td> <td>Teton</td> <td>83455</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> <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 ☐	Jessica Cotton	185 W. Center St	Victor	ID	Teton	83455	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 72829		6. Signature:  Date: 10/23/15 Name (type or print): Jessica Cotton Title: owner																																				
Issued 10/21/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM