

<b>No. W 20881</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/17/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> JOHN PAVKOV 430 5TH AVE E WENDELL ID 83355 <i>John Pavkov</i> <i>1714 S 1625 E</i> <i>Gooding ID 83330</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> PAVKOV, L.L.C. 430 5TH AVE E WENDELL ID 83355 <i>Pavkov, LLC</i> <i>1714 S 1625 E</i> <i>Gooding ID 83330</i>		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> John Pavkov      1714 S 1625 E      Gooding ID      USA      83330			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO W 20881           </div>		<b>6.</b> Signature: <i>[Signature]</i> Date: <i>1-12-18</i> <hr/> Name (type or print): <i>John Pavkov</i> Title: <i>MANAGER</i>	

Revised 11/13/2017 by TLR

FILED

Address  
only