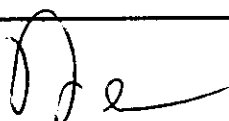


FILED EFFECTIVE

No. W 29331	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) DONALD R NEWMAN 121 EAST 39TH STREET STE C BOISE ID 83714																																			
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. N3, LLC DAREN M NEWMAN PO BOX 9202 PO Box 190153 BOISE ID 83707 Boise, ID 83719-0153																																					
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Daren Newman</td> <td>7887 S. Old Farm Meridian, ID</td> <td>83642</td> <td>USA</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Don Newman</td> <td>121 E 39th St Ste C</td> <td>Garden City, ID</td> <td>83714</td> <td>USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Daren Newman	7887 S. Old Farm Meridian, ID	83642	USA			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Don Newman	121 E 39th St Ste C	Garden City, ID	83714	USA		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 29331	6. Signature:  Name (type or print): <u>Daren Newman</u>			Date: <u>8/12/15</u> Title: <u>Manager/owner</u>																																		