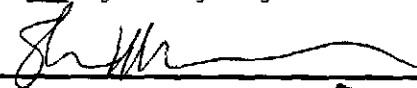



|                                                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. W 65094</b>                                                                                                                                  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 10/15/2014</b>                                                                                                                                                      |                                                                                                                                                                                                                            | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>ENTITY SERVICES INC<br>1101 W RIVER ST #340<br>BOISE ID 83702<br>SHAWN CLEVERDON<br>1450 W. BANNOCK ST.<br>BOISE, ID 83702 |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>OAK RIDGE PARTNERS, LLC<br>VALLEY ONE NORTHWEST INC<br><del>1770 W STATE ST #323</del><br><del>BOISE ID 83702 USA</del><br>1775 W. STATE ST. #323<br>Boise, ID 83702 |                                                                                                                                                                                                                            | <b>3. New Registered Agent Signature.</b><br>                                                               |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions</b>                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                |
| <b>Manager or Member</b>                                                                                                                            | <b>Name</b>                                                                                                                                                                                                                       | <b>Street or PO Address</b>                                                                                                                                                                                                | <b>City State Country Postal Code</b>                                                                                                                                                          |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                         | VALLEY ONE NW INC,                                                                                                                                                                                                                | 1775 W. STATE                                                                                                                                                                                                              | BOISE ID USA 83702                                                                                                                                                                             |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                         | SHAWN CLEVERDON                                                                                                                                                                                                                   | 1775 W. STATE ST.                                                                                                                                                                                                          | BOISE ID USA 83702                                                                                                                                                                             |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 65094</b> </div>                             |                                                                                                                                                                                                                                   | <b>6.</b><br>Signature: <br>Date: 8-14-2017<br>Name (type or print):<br>SHAWN CLEVERDON PRESIDENT, VALLEY ONE NW INC, PRESIDENT<br>Title: |                                                                                                                                                                                                |
| Issued 08/14/2017 by online                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                                                                                                                                                                                                |

FILED