

No. W 113777	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) JAMES LEE TROCKE 6851 KANIKSU STREET BONNERS FERRY ID 83805																																			
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. ALLIANCE MUSIC PRODUCTIONS, LLC (THE) JAMES LEE TROCKE 6851 KANIKSU STREET BONNERS FERRY ID 83805																																					
3. New 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>James Trocke</td> <td>6851 Kaniksu St.</td> <td>Bonnors Ferry, Id.</td> <td>USA</td> <td>83805</td> <td></td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Coleen Trocke</td> <td>6851 Kaniksu St.</td> <td>Bonnors Ferry, Id.</td> <td>USA</td> <td>83805</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 ☐	James Trocke	6851 Kaniksu St.	Bonnors Ferry, Id.	USA	83805		Manager ☐ Member ☒	Coleen Trocke	6851 Kaniksu St.	Bonnors Ferry, Id.	USA	83805		Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 113777		6. Signature: <u><i>James Trocke</i></u> Date: <u>8-23-2013</u> Name (type or print): <u>James Trocke</u> Title: <u>8-23-2013</u>																																				

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INSTRUCTIONS FOR REINSTATEMENT ANNUAL REPORT FORM