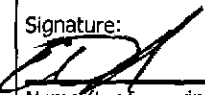


| <b>No. W 120170</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>  | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 03/21/2017</b>   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>EVAN T ROTH<br><del>161 5TH AVE S STE 100</del><br><del>TWIN FALLS ID 83301</del><br><b>236 River Vista Place Ste 301</b><br><b>Twin Falls, Idaho</b> |                   |       |                      |             |       |         |             |
|---|--|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|
|   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>JOHN MICHAEL ROTH & FAMILY, LLC. (THE)<br>EVAN T ROTH<br><del>PO BOX 1295</del><br><del>TWIN FALLS ID 83303-1295</del><br><b>236 River Vista Place Ste. 301</b><br><b>Twin Falls, Idaho 83301</b> | 3. <u>New</u> Registered Agent Signature.  |                   |       |                      |             |       |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.   |  |  |                   |       |                      |             |       |         |             |
| <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table> |  |  | Manager or Member | Name  | Street or PO Address | City        | State | Country | Postal Code |
| Manager or Member   | Name   | Street or PO Address   | City              | State | Country              | Postal Code |       |         |             |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Evan Roth 236 River Vista Place Ste 301 Twin Falls, Id USA 83301   |  |                   |       |                      |             |       |         |             |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | John Michael Roth 5395 800E Jerome, Id USA 83338   |  |                   |       |                      |             |       |         |             |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Elizabeth Roth 7007NE 182nd Ave Vancouver, WA USA 98682  |  |                   |       |                      |             |       |         |             |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |                   |       |                      |             |       |         |             |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b><br/> <b>W 120170</b> </div>   |  | 6. Signature:<br><br>Name (type or print):<br><b>Emily T. Roth</b><br><br>Date:<br><b>4/10/17</b><br>Title:<br><b>Member</b>     |                   |       |                      |             |       |         |             |

Issued 04/10/2017 by online

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM