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APPLICATION FOR REINSTATEMENT

To the SECRETARY OF STATE, STATE OF IDAHO

1. The name of the Idaho limited liability company applying for reinstatement following administrative dissolution or forfeiture, if available, is:

   QGTC LLC

2. The date of its organization was: April 7, 2017
3. The limited liability company hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature: [signature]

Manager or Member: MANAGER

Date: 10/09/18

(must be signed by a manager or member of the LLC)

Secretary of State use only

B0026-1876 10/15/2018 1:48 PM Received by ID Secretary of State

No. W 180998	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018	2. Registered Agent and Office (NOT A P.O. BOX) RAMSDEN MARFICE EALY HARRIS LLP 700 NORTHWEST BLVD COEUR D'ALENE ID 83814
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. QGTC LLC ~~PO BOX 2132~~ ~~KIHEI HI 96753~~ C/o [redacted] YOSHIDA, LISA 30 MALUHIA OL WAILUKU, HI # 96793	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members, See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	MARTIN QUILL	P.O. BOX 383	SAGLE	ID	BONNER	83860
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 180998	Signature: [signature] Date: 10/09/18 Name (type or print): MARTIN W QUILL Title: MANAGER

Issued 08/30/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? ____________________