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| No. W 141614 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) MICHELLE FLOCK 511 E GROVE AVE PARMA ID 83660 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. PEG LEG BISTRO LLC PO BOX 2 PARMA ID 83660 | | 3. <u>New</u> Registered Agent Signature. |
| REINSTATEMENT FEE DUE: \$30.00 | | | |

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 <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Michelle Flock | PO Box 2 | Parma ID | USA | | 83660 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| 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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 141614 </div> | 6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Michelle Flock </div> <div style="width: 35%;"> Date: 5/8/17 <hr/> Title: 5/8/17 </div> </div> |
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