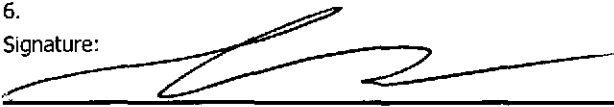


No. W 117324	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) KERRY ANGELOS 739 W PRODUCER DR MERIDIAN ID 83646 <u>3225 W. Barakka St.</u> <u>Sac. ID 83616</u>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CONNER MURPHY, LLC KERRY R ANGELOS 739 W PRODUCER DR MERIDIAN ID 83646 USA <u>PO Box 2506</u> <u>Eagle, ID 83616</u>		3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kerry Angelos	PO Box 2506	Eagle	ID	US	83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 117324 </div>	6. Signature:  <hr/> Name (type or print): <u>Kerry Angelos</u> <div style="float: right; text-align: right;"> Date: <u>2/22/17</u> Title: <u>Member</u> </div>
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Issued 02/22/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM