

No. W 100412	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) RUDD & COMPANY PLLC 725 S WOODRUFF AVE IDAHO FALLS ID 83401
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. RAWLINGS VENTURES, LLC JODY RAWLINGS 625 AUTUMN CT <i>217 N 2nd E</i> REXBURG ID 83440 USA		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Jody Rawlings	217N 2nd E	REXBURG	ID	MA	83440
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gennifer Rawlings	217N 2nd E	REXBURG	ID	MA	83440
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 100412 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>[Signature]</i> </td> <td style="width: 40%;"> Date: <i>6-2-15</i> </td> </tr> <tr> <td> Name (type or print): <i>Jody Rawlings</i> </td> <td> Title: <i>President</i> </td> </tr> </table>	Signature: <i>[Signature]</i>	Date: <i>6-2-15</i>	Name (type or print): <i>Jody Rawlings</i>	Title: <i>President</i>
Signature: <i>[Signature]</i>	Date: <i>6-2-15</i>				
Name (type or print): <i>Jody Rawlings</i>	Title: <i>President</i>				

Issued 06/02/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM