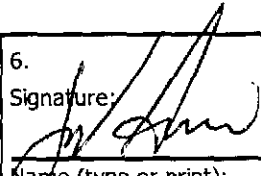


No. W 27435	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) JOEL R SACCOMANNO 1703 CEMETERY RD PRIEST RIVER ID 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SACC'S ENTERPRISES, LLC PO BOX 2362 PRIEST RIVER ID 83856		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"/>	FRANK QUATES 2070 E DECARLOUP POST FALLS ID. USA 83854		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joel Saccomanno 3045 N. STAGECOACH DR. POST FALLS ID. USA 83854		
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; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 27435</div>		6. Signature:  <hr/> Name (type or print): JOEL SACCOMANNO	
		Date: <u>5/16/16</u> <hr/> Title: <u>MANAGER</u>	
Issued 05/18/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM