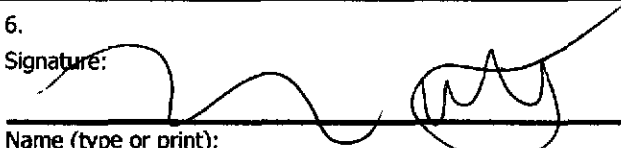


No. W 109525 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017 1. Mailing Address: Correct in this box if needed. 140 WEST 2ND STREET, LLC WILLIAM GRIFFIN PO BOX 9000 KETCHUM ID 83340	2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM GRIFFIN 59 GIMLET RD KETCHUM ID 83340 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>WILLIAM GRIFFIN</td><td>PO BOX 9000</td><td>KETCHUM</td><td>ID</td><td>USA</td><td>83340</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	WILLIAM GRIFFIN	PO BOX 9000	KETCHUM	ID	USA	83340	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: IDAHO W 109525	6. Signature:  Date: <u>1/8/18</u> Name (type or print): <u>WILLIAM GRIFFIN</u> Title: <u>MANAGER</u>																																				