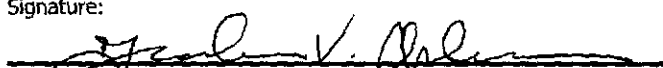


No. W 165370	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) FRANK V CHRISTENSEN 8024 POCONO LN BOISE ID 83714																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00			1. Mailing Address: Correct in this box if needed. LINE VERIFICATION COMPANY, LLC FRANK V CHRISTENSEN 8024 POCONO LN BOISE ID 83714	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 type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6" rowspan="4">Frank V. Christensen 8024 Pocono Ln. Boise, ID. ADA83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Frank V. Christensen 8024 Pocono Ln. Boise, ID. ADA83714						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 165370	6. Signature:  Name (type or print): <u>Frank V. Christensen</u> Date: <u>11/6/17</u> Title: <u>owner</u>																			
Issued 11/06/2017 by online																				