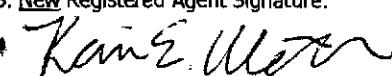



No. <b>W 140472</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/21/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> ALOHA TETON LLC     Aloha Teton LLC <del>BRETT COOKE</del> Karin Wertheim <del>50 E WALLACE AVE</del> 851 Piate St. <del>DRIGGS ID 83422</del> Driggs, ID 83422	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> <del>BRETT COOKE</del> <del>50 E WALLACE AVE</del> <del>DRIGGS ID 83422</del> Karin Wertheim 851 Piate St. Driggs, ID 83422  <b>3. New Registered Agent Signature.</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>William T. Jalbert</td> <td>454 Lauka Pl</td> <td>Paia</td> <td>HI</td> <td>USA</td> <td>96779</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 T. Jalbert	454 Lauka Pl	Paia	HI	USA	96779	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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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO W 140472           </div>	<b>6.</b> Signature:  Date: 11/13/17 <hr/> Name (type or print): William T Jalbert <hr/> Title: Manager																																				

Issued 11/11/2017 by online

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected