

| No. <b>W 145660</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 03/07/2016</b>  |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JOE BLEWETT<br>19057 BUCHANAN RD<br>LEWISTON ID 83501 |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|----------------------|--|-------------------|---------|----------------------|------|-------|---------|-------------|---|-------------|---------------------|----------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>PERSPECTIVE AERIAL PHOTOGRAPHY, LLC<br>JOE BLEWETT<br>19057 BUCHANAN RD<br>LEWISTON ID 83501 |                      | 3. <u>New</u> Registered Agent Signature.  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  |   |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  |   |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joe Blewett</td> <td>19057 Buchanan Road</td> <td>Lewiston</td> <td>ID</td> <td>USA</td> <td>83501</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Joe Blewett | 19057 Buchanan Road | Lewiston | ID | USA | 83501 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name  | Street or PO Address | City   | State             | Country | Postal Code          |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Joe Blewett   | 19057 Buchanan Road  | Lewiston   | ID                | USA     | 83501                |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 145660</b> </div>  | 6. Signature: <u>Joe Blewett</u><br>Date: _____<br>Name (type or print): <u>Joe Blewett</u><br>Title: <u>member</u>                                       |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 10/12/2016 by online  |   |                      |  |                   |         |                      |      |       |         |             |   |             |                     |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**