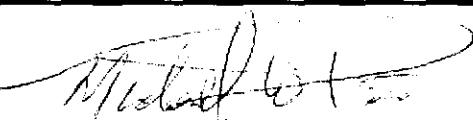


No. W 159480	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX)			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PENFAM, LLC MICHAEL W PENA 2659 W PRIMELAND DR MERIDIAN ID 83646		MICHAEL W PENA 2659 W PRIMELAND DR MERIDIAN ID 83646			
				3. New Registered Agent Signature.		
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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael W Pena 2659 W Primeland Dr Meridian Id 83646					
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:	6.					
IDAHO W 159480	Signature:				Date:	
	Name (type or print):	Michael W Pena			Title:	
					Manager	