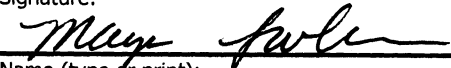
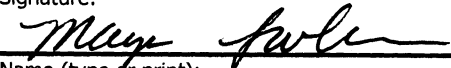
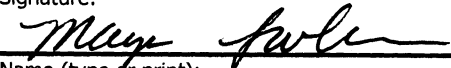


| No. <b>W 99693</b>   | <b>Reinstatement Annual Report Form</b>  |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br><br>MAYA LOVLIE<br><del>333 S MAIN ST #208</del> 105 Exhibition Blvd.<br>KETCHUM ID 83340 |  |                        |  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|----------------------|--|--|------------------------|--|--------------------------|---------|-------------|---|--------------|-------------|---------|----|--|-------|---|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>         DUE: \$30.00</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>TIGHT LINES LLC<br><del>402 E SILVER ST</del> Po Box 5833<br><del>HAILEY ID 83333</del> Ketchum, Id. 83340  |                      |  |  |                        |  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| 4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b><br><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 checked="" type="checkbox"/></td> <td>Maya Lovlien</td> <td>PO Box 5833</td> <td>Ketchum</td> <td>ID</td> <td></td> <td>83340</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mark Lovlien</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"/> | Maya Lovlien | PO Box 5833 | Ketchum | ID |  | 83340 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Mark Lovlien | " | " | " | " | " | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member  | Name   | Street or PO Address | City   | State  | Country                | Postal Code                                  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Maya Lovlien   | PO Box 5833          | Ketchum  | ID   |                        | 83340  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Mark Lovlien   | "                    | "  | "  | "                      | "  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |  |                        |  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |  |                        |  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 99693</b>  | 6. <table border="1"> <tr> <td>Signature:<br/></td> <td>Date:<br/><b>3/1/14</b></td> </tr> <tr> <td>Name (type or print):<br/><b>Maya Lovlien</b></td> <td>Title:<br/><b>Partner</b></td> </tr> </table> |                      |  | Signature:<br> | Date:<br><b>3/1/14</b> | Name (type or print):<br><b>Maya Lovlien</b> | Title:<br><b>Partner</b> |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Signature:<br>   | Date:<br><b>3/1/14</b>   |                      |  |  |                        |  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Name (type or print):<br><b>Maya Lovlien</b>   | Title:<br><b>Partner</b>   |                      |  |  |                        |  |                          |         |             |   |              |             |         |    |  |       |   |              |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

Issued 02/24/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**