


No. W 162120	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) ERIC ROMO 631 E CROY ST #23 HAILEY ID 83333
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. INITIAL ER LLC PO BOX 217 HAILEY ID 83333		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Eric Romo	P.O Box 217	Hailey	ID	U.S.A	83333
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: <div style="text-align: center;"> IDAHO W 162120 </div>	6. Signature:  Name (type or print): <u>Eric Romo</u> <div style="text-align: right;"> Date: <u>6/20/17</u> Title: _____ </div>
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Issued 06/20/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM