



STATE OF IDAHO Office of the secretary of REINSTATEMENT ANN ENTITIES) Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$30.00 - Make Chec	IUAL REPORT (AL	L DOMESTIC	For Office Use Only -FILED- File #: 0003437806 Date Filed: 2/27/2019 1:32:00 PM
Reinstatement Annual Report Form Current Entity Name The file number of this entity on the records of t of State is:		NKAJIN ENTERPRISE	SLLC
Organized under the laws of:		IDAHO	
Change Entity Name: Change the entity name Entity name	Ca	n-Ada Sprinkler, LLC	
The registered agent on record is: No Agent Assigned			
Select if you are appointing a new agent. The name and street address of the new registered agent and Registered Agent	Re Wi Phy 72 ME Ma PC	gistered Agent Iliam T Linde vsical Address: 4 E WAKELY CT ERIDIAN, ID 83646 Iling Address: 0 BOX 186 INA, ID 83634-0186	
Signature of newly appointed agent I declare that the newly appointed agent is agent and as filer.	the person electronicall	y filing this annual repor	t and will electronically sign both as
William T Linde Sign Here			<i>02/27/2019</i> Date
Signer's Title:	Ma	mager	Date
The mailing address of the corporation is: PO BOX 186 KUNA, ID 83634-0186			
imited Liability Company Managers and Members	·····		
Name	Title		Address
	Manager	724 E WAKELY CT MERIDIAN, ID 836	
AIMEE C LINDE	Member	724 E WAKELY CT MERIDIAN, ID 836	

PM Received by IJ Secretary of State Lawerence Denney



The Application for Reinstatement must be signed by at least one governor.					
William T Linde		02/27/2019			
Sign Here	······	Date			
Signer's Title:	Manager				
Print & Mail Enclosures					
I understand the document can ONLY be filed if the following items are included:					
This filing form (submit within 30 days) with the required signature(s).					
There is no fee to file this amendment.					

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