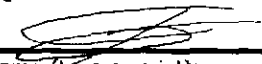


No. <b>W 144178</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CAMDEN FORREY 5499 S MOONFIRE WAY BOISE ID 83709			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		1. <b>Mailing Address: Correct in this box if needed.</b> TRY FAIL ITERATE LLC CAMDEN FORREY 5499 S MOONFIRE WAY BOISE ID 83709		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Camden Forrey	5499 S. Moonfire Way	Boise	ID	United States	83709
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 144178		Signature: 		Date: 3/10/2016			
		Name (type or print): Camden Forrey		Title: 3/10/2016			
Issued 03/08/2016 by online							