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| No. W 104303 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) KARAN GRIGSBY 655 PALISADE TRAIL DRIGGS ID 83422 |
| 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. TKJ LLC KARAN GRIGSBY 655 PALISADE TRAIL DRIGGS ID 83422 USA | | 3. <u>New</u> 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"/> <i>Karan Grigsby</i> <i>655 Palisade Trail, Driggs, Teton,</i> <div style="text-align: right; margin-right: 50px;"><i>ID 83422</i></div> | | | |
| 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; font-weight: bold; font-size: large;"> IDAHO W 104303 </div> | | 6. Signature: <i>Karan Grigsby</i> <hr/> Name (type or print): <i>Karan Grigsby</i> <hr/> <div style="text-align: right;"> Date: <i>10/9/15</i> <hr/> Title: _____ <hr/> </div> | |
| Issued 10/05/2015 by CLH | | | |