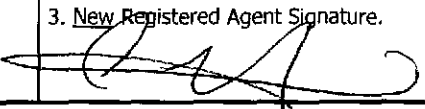
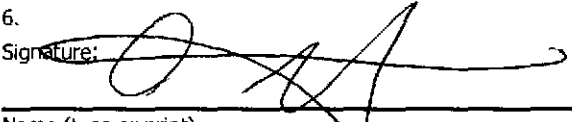
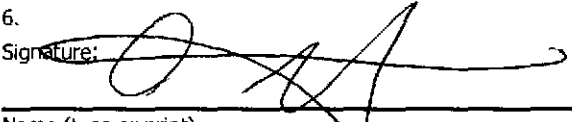
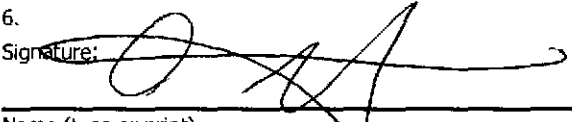


No. W 165336	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) TAYLOR LAW OFFICES PLLC 1112 W MAIN ST STE 101 BOISE ID 83702 Christopher Gould 1650 W. Targee St. Suite 5722 Boise, ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SPECTRUM ENTERPRISES, LLC G/O TAYLOR LAW OFFICES PLLC 1112 W MAIN ST STE 101 BOISE ID 83702 Spectrum Enterprises, LLC P.O. Box 5722 Boise, ID 83705		3. New Registered Agent Signature: 																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Chris Gould</td> <td>PO Box 5722</td> <td>Boise</td> <td>ID</td> <td>US</td> <td>83705</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Trevor Schaefer</td> <td>9410 N. Winterwood Ln.</td> <td>Boise</td> <td>ID</td> <td>US</td> <td>83714</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Chris Gould	PO Box 5722	Boise	ID	US	83705	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Trevor Schaefer	9410 N. Winterwood Ln.	Boise	ID	US	83714	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 165336 </div>		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8/9/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Christopher Gould</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>		Signature: 	Date: <u>8/9/17</u>	Name (type or print): <u>Christopher Gould</u>	Title: <u>Manager</u>																															
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Issued 08/09/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.