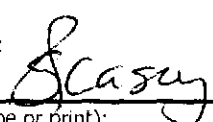


No. W 124003	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHARON L CASEY 3645 N SCOTCH PINE LANE UNIT 1 COEUR D'ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. REVIVE, LLC SHARON L CASEY 3645 N SCOTCH PINE LANE UNIT 1 COEUR D'ALENE ID 83815		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 checked="" type="checkbox"/> Member <input type="checkbox"/> Sharon L. Casey 3645 N. Scotchpine Lane #1 Coeur d'Alene, ID. USA 83815			
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: 1.2em;"> IDAHO W 124003 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): Sharon L Casey </div> <div> Date: 10/9/16 Title: </div> </div>	
Issued 09/16/2016 by DK1			