
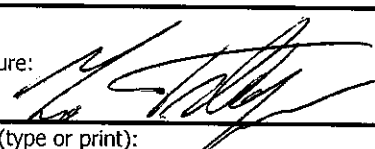


No. W 13509 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011 1. Mailing Address: Correct in this box if needed. I & K HOLDINGS, LLC IVO FOLDYNA 3535 DEWEY STREET BOISE ID 83706 USA	2. Registered Agent and Office (NOT A P.O. BOX) SKYLE HAMILTON 746 E BRIDGEWATER CT BOISE ID 83706 IVO FOLDYNA 3535 DEWEY STREET BOISE ID 83706 USA 3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <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>IVO FOLDYNA</td> <td>3535 DEWEY ST</td> <td>Boise</td> <td>ID</td> <td></td> <td>83703</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> <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"/>	IVO FOLDYNA	3535 DEWEY ST	Boise	ID		83703	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	IVO FOLDYNA	3535 DEWEY ST	Boise	ID		83703																															
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-size: 1.2em;"> IDAHO W 13509 </div>	6. Signature:  Date: <u>12-19-2012</u> Name (type or print): <u>IVO FOLDYNA</u> Title: <u>President</u>																																				

Issued 12/19/2012 by DK1

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