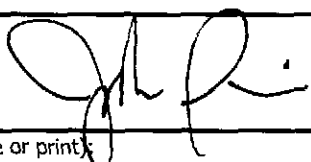


No. <b>W 138337</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/14/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOSH PILON 412 3RD STREET LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> COFFEE CLUB LLC JOSHUA N PILON 412 3RD STREET LEWISTON ID 83501		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"/>	Gabe Alexander	3427 Syringa Dr	Lewiston	ID	USA	83501
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Josh Pilon	412 3rd St.	Lewiston	ID	USA	83501
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;"> <b>IDAHO</b>  <b>W 138337</b> </div>	6. Signature:  <hr/> Name (type or print): <u>Josh Pilon</u> <hr/> <div style="text-align: right;">         Date: <u>9/25/17</u>  <hr/>         Title: <u>Managing Member</u> </div>
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Issued 09/25/2017 by online