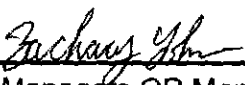
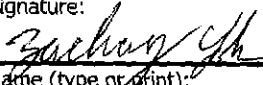
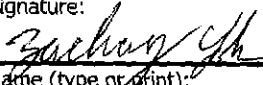
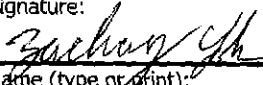


| | | | | | | | |
|--|--|--|--|---|-------------------------|--|------------------------|
| No. W 140546 | Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) ZACHARY E YOHN 16581 ALLEGRE WAY CALDWELL ID 83607-8360 | | | | |
| Return to: SECRETARY 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. NEWKO SPORTS NUTRITION LLC ZACHARY E YOHN 5210 CLEVELAND BLVD SUITE 102 CALDWELL ID 83607 | | 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"/> Zachary Yohn 5210 Cleveland Blvd Suite 102 Caldwell ID US 83607 | | | | | | | |
| 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 140546 </div> | | 6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>11/9/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Zachary Yohn</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table> | | Signature:  | Date: <u>11/9/17</u> | Name (type or print): <u>Zachary Yohn</u> | Title: <u>Owner</u> |
| Signature:  | Date: <u>11/9/17</u> | | | | | | |
| Name (type or print): <u>Zachary Yohn</u> | Title: <u>Owner</u> | | | | | | |

Issued 11/09/2017 by online