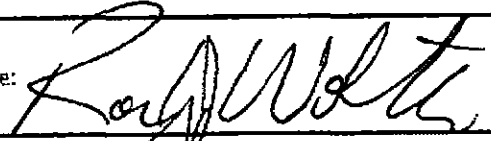


No. W 101037	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) RANDY J WOLTERS 21830 TOWNS CIR CALDWELL ID 83607-7829																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. AGAPE, LLC 21830 TOWNS CIR CALDWELL ID 83607-7829 USA																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>RANDY WOLTERS</td> <td>21830 TOWNS CIR</td> <td>Id</td> <td>CALDWELL</td> <td></td> <td>83607</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	RANDY WOLTERS	21830 TOWNS CIR	Id	CALDWELL		83607	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 101037		6. Signature:  Name (type or print): <u>RANDY J. WOLTERS</u> Date: <u>7-10-17</u> Title: <u>MANAGER</u>																																				

Issued 07/10/2017 by online

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