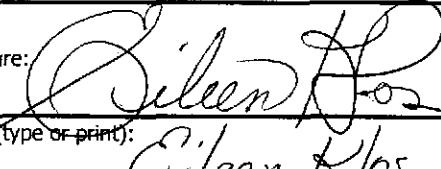


No. W 158493	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> EILEEN KLOS 546 RIDGE CREST AVE BLACKFOOT ID 83221			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. REELING TROUT, LLC EILEEN KLOS 546 RIDGE CREST AVE BLACKFOOT ID 83221		3. New Registered Agent Signature			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Eileen Klos 546 Ridge Crest Blackfoot, ID Bingham 83221					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Paul Klos 518 Harbor Dr Blackfoot ID Bingham 83221					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 158493	6. Signature:  Name (type or print): <u>Eileen Klos</u>					
	Date: <u>10-24-17</u> Title: <u>vice president</u>					

Issued 10/24/2017 by JL1