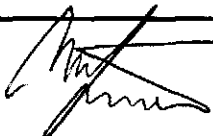


|   |  |  |                             |  |                                  |
|---|--|--|-----------------------------|--|----------------------------------|
| No. <b>W 110695</b>   |  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 05/25/2016</b>   |                             | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>MICHAEL LOVELL VIESCAS<br>4461 N SUPAL<br>MERIDIAN ID 83646 |                                  |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080        |  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>CRONKY LLC<br>MICHAEL LOVELL VIESCAS<br>4461 N SUPAL<br>MERIDIAN ID 83646 |                             | 3. <u>New</u> Registered Agent Signature.  |                                  |
| <b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   |  |  |                             |  |                                  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. |  |  |                             |  |                                  |
| <b>Manager or Member</b>  |  | <b>Name</b>  | <b>Street or PO Address</b> | <b>City</b>  | <b>State Country Postal Code</b> |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                         |  | Michael Viescas  | 4461 N Supal                | Meridian ID  | USA 83646                        |
| 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:   |  | 6. Signature:   |                             | Date: 6/7/16   |                                  |
| IDAHO<br>W 110695   |  | Name (type or print):<br>Michael Viescas   |                             | Title:<br>Owner  |                                  |
| Issued 06/06/2016 by online   |  |  |                             |  |                                  |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**