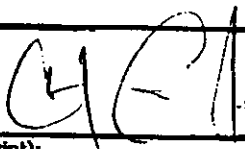
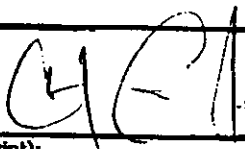
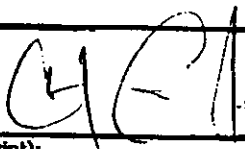


<b>No. W 103233</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/12/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> C FRED CORNFORTH 2608 FALL CREST ST CALDWELL ID 83607																																				
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> RODIN, LLC C FRED CORNFORTH 2608 FALL CREST ST CALDWELL ID 83607		<b>3. <u>New</u> Registered Agent Signature.</b>																																				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																								
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																								
<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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>C. Fred Cornforth</td> <td>2608 Fall Crest St.</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83607</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	C. Fred Cornforth	2608 Fall Crest St.	Caldwell	ID		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"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 103233		<b>6.</b> <table border="1"> <tr> <td>Signature: </td> <td>Date: 9/4/13</td> </tr> <tr> <td>Name (type or print): C. Fred Cornforth</td> <td>Title: manager</td> </tr> </table>				Signature: 	Date: 9/4/13	Name (type or print): C. Fred Cornforth	Title: manager																															
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**