

No. W 174082	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) NICHOLAS KUKLISH 821 S COVE LN NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IDAHO DIRECTIONAL LLC 110 SHARON DR HORSESHOE BEND ID 83629		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	NICHOLAS KUKLISH	821 COVE LN	NAMPA	ID		83686
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SCOTT BROTHERS	110 SHARON DR	HORSESHOE BEND	ID		83629
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LUKUS BECKMAN	104 PORTER CR	HORSESHOE BEND	ID		83629
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DREW BROWN	2302 N LARK AVE	MERCER	IN		47304

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; margin-top: 20px;"> IDAHO W 174082 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: <div style="text-align: center; font-weight: bold;">4-2-18</div> </td> </tr> <tr> <td> Name (type or print): <div style="text-align: center; font-weight: bold; margin-top: 5px;">NICK KUKLISH</div> </td> <td> Title: <div style="text-align: center; font-weight: bold; margin-top: 5px;">OWNER</div> </td> </tr> </table>	Signature: 	Date: <div style="text-align: center; font-weight: bold;">4-2-18</div>	Name (type or print): <div style="text-align: center; font-weight: bold; margin-top: 5px;">NICK KUKLISH</div>	Title: <div style="text-align: center; font-weight: bold; margin-top: 5px;">OWNER</div>
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Issued 04/02/2018 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM