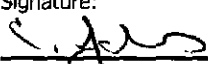


No. W 135927	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS JOHNS 988 N OXWICH AVE MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PROSAT, LLC CHRIS JOHNS 988 N OXWICH AVE MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.
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"/> Chris Johns 988 N. Oxwich Ave Meridian, ID 83642			
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: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 135927 </div>		6. Signature:  <hr/> Name (type or print): Chris Johns <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 7/10/18 <hr/> Title: Manager <hr/> </div> </div>	
Issued 07/10/2018 by JL1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM