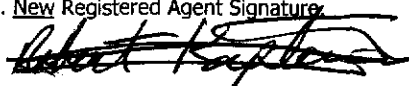





No. W 19221	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT E KAPTEIN 3917 STONEBROOK PLACE IDAHO FALLS ID 83404				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KAPTEIN ASSOCIATES, L.L.C. ROBERT E KAPTEIN 3917 STONEBROOK PLACE IDAHO FALLS ID 83404		3. <u>New Registered Agent Signature</u> 				
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 type="checkbox"/> Member <input checked="" type="checkbox"/> Robert Kaptein 3917 Stonebrook Pl. Idaho Falls ID 83404							
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Michelle Kaptein " " " "							
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 19221 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 9/1/12 </td> </tr> <tr> <td> Name (type or print): Robert Kaptein </td> <td> Title: Owner </td> </tr> </table>		Signature: 	Date: 9/1/12	Name (type or print): Robert Kaptein	Title: Owner
Signature: 	Date: 9/1/12						
Name (type or print): Robert Kaptein	Title: Owner						
Issued 08/27/2012 by DK1							