

<b>No. W 138317</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> TORR OLSON 4435 N WILLIAMSBURG LANE POCATELLO ID 83204
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ROCKINTK L.L.C. TORR OLSON <i>Kristy Bopp</i> <del>4435 N WILLIAMSBURG LANE</del> <del>POCATELLO ID 83204</del> <i>110 11<sup>th</sup> Avenue</i> <i>Enderlin ND 58027</i>		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Torr Olson</i>	<i>4435 N. Williamsburg LN</i>	<i>Pocatello, ID USA 83204</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO W 138317           </div>		<b>6.</b> Signature: <i>Torr Olson</i> <hr/> Name (type or print): <i>Torr Olson</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> <b>Date:</b>  <i>12/31/15</i> </div> <div> <b>Title:</b>  <i>Owner</i> </div> </div>	

Issued 12/30/2015 by DK1

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**