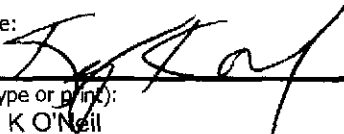


<p>No. <b>W 9604</b></p>	<p><b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016</b></p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KELLY K O'NEIL CPA <del>1760 N MITCHELL ST</del> <del>BOISE ID 83704</del> 5622 Centerbrook Dr Boise, ID 83705</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b> EXETER, LLC KELLY K O'NEIL CPA <del>1760 N MITCHELL ST</del> <del>BOISE ID 83704</del> 5622 Centerbrook Dr Boise, ID 83705</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p> <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>Kelly K O'Neil</td> <td>5622 Centerbrook Dr</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83705</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"/>	Kelly K O'Neil	5622 Centerbrook Dr	Boise	ID	USA	83705	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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<p>5. Organized Under the Laws of:</p> <p><b>IDAHO W 9604</b></p>	<p>6. Signature: </p> <p>Name (type or print): Kelly K O'Neil</p>			<p>Date: 06/01/2017</p> <p>Title: Managing Member</p>																																		
<p>Issued 06/01/2017 by online</p>																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**