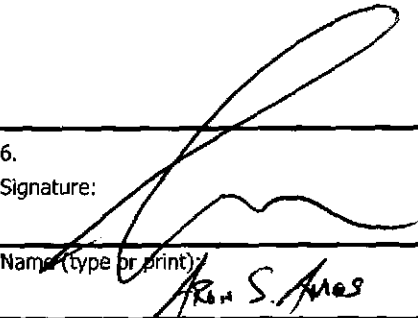


No. <b>W 180865</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/29/2018</b>  <b>1. Mailing Address: Correct in this box if needed.</b> QUIXOTIC, LLC ARON S AMES PO BOX 256 STANLEY ID 83278	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ARON S AMES 13B EVA FALLS AVE STANLEY ID 83278  <b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Aron S. Ames</td> <td>PO Box 256</td> <td>STANLEY ID</td> <td>VS</td> <td></td> <td>83278</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"/>	Aron S. Ames	PO Box 256	STANLEY ID	VS		83278	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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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 180865</b>	<b>6.</b> Signature:  Name (type or print): <u>Aron S. Ames</u> Date: <u>7/17/2018</u> Title: <u>OWNER/MGR</u>																																				

Issued 07/17/2018 by online

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the**