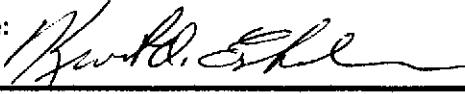


<p>No. W 110657</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015</p> <p>1. Mailing Address: Correct in this box if needed. EWR ENTERPRISES LLC KURT O ESHelman 14095 N NANA LN NAMPA ID 83651 USA</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) KURT ESHelman 14095 N NANA LN NAMPA ID 83651</p>																																				
				<p>3. New Registered Agent Signature.</p>																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>KURT ESHelman</td> <td>14095 N, NANA LN, NAMPA, ID</td> <td></td> <td></td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>CHARLOTTE ESHelman</td> <td>14095 N, NANA LN, NAMPA, ID</td> <td></td> <td></td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>TAMERA WEST</td> <td>41 GRANITE FALLS DR, NAMPA, ID</td> <td></td> <td></td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>ANGELA ESHelman</td> <td>14095 N, NANA LN NAMPA, ID</td> <td></td> <td></td> <td></td> <td>83651</td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KURT ESHelman	14095 N, NANA LN, NAMPA, ID				83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>	CHARLOTTE ESHelman	14095 N, NANA LN, NAMPA, ID				83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>	TAMERA WEST	41 GRANITE FALLS DR, NAMPA, ID				83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>	ANGELA ESHelman	14095 N, NANA LN NAMPA, ID				83651
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KURT ESHelman	14095 N, NANA LN, NAMPA, ID				83651																																		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	CHARLOTTE ESHelman	14095 N, NANA LN, NAMPA, ID				83651																																		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	TAMERA WEST	41 GRANITE FALLS DR, NAMPA, ID				83651																																		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	ANGELA ESHelman	14095 N, NANA LN NAMPA, ID				83651																																		
<p>5. Organized Under the Laws of: IDAHO W 110657</p>		<p>6.</p> <p>Signature: </p> <p>Name (type or print): <u>KURT O. ESHelman</u></p>																																						
		<p>Date: <u>6/25/15</u></p> <p>Title: <u>MEMBER/AGENT</u></p>																																						

Issued 06/25/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM