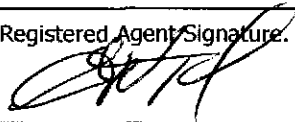



No. W 99524	Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2016		2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint <i>D GARRY VAN TOL</i> <i>2494 S. HERITAGE PL.</i> <i>BOISE, ID 83709</i>																																								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IDAHO CUBS LLC D GARRY VAN TOL 2494 S HERITAGE PL BOISE ID 83709		3. <u>New Registered Agent Signature.</u> 																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																											
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:25%;">Manager or Member</th> <th style="width:30%;">Name</th> <th style="width:15%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input checked="" type="checkbox"/></td> <td><i>D GARRY VAN TOL</i></td> <td><i>2494 S. HERITAGE PL</i></td> <td><i>BOISE</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83709</i></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>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 type="checkbox"/>	Member <input checked="" type="checkbox"/>	<i>D GARRY VAN TOL</i>	<i>2494 S. HERITAGE PL</i>	<i>BOISE</i>	<i>ID</i>	<i>USA</i>	<i>83709</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"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 99524 </div>	6. Signature:  <hr/> Name (type or print): <u><i>D. GARRY VAN TOL</i></u>			Date: <u><i>12/27/2016</i></u> <hr/> Title: <u><i>OWNER</i></u>																																							
Issued 12/27/2016 by online 0																																											

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM