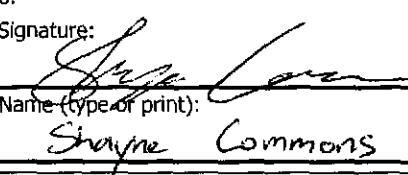


No. W 154176	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ANCIENT ORGANISM LLC SHAYNE COMMONS 11485 W TEMPE LN STAR ID 83669	3128 E 3500 N Twin Falls, ID 83301	SHAYNE COMMONS 11485 W TEMPE LN STAR ID 83669 3128 E 3500 N Twin Falls, ID 83301
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>Shayne Commons</i>	Street or PO Address <i>3128 E 3500 N</i>	City <i>Twin Falls</i> State <i>ID</i> Country <i>USA</i> Postal Code <i>83301</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"/>			
5. Organized Under the Laws of: IDAHO W 154176	6. Signature:  Name (type or print): <i>Shayne Commons</i>		
	Date: <u>6/21/2017</u> Title: <u>Member</u>		

Issued 06/21/2017 by JL1

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