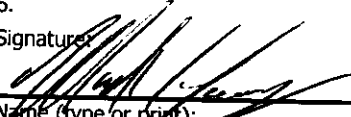
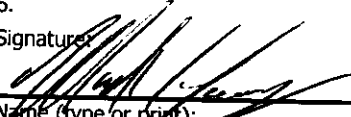
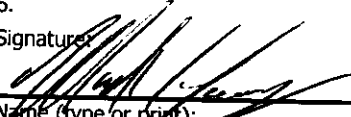


No. <b>W 103600</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/12/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARK C LONG 2541 E YELLOWSTONE HWY ST ANTHONY ID 83445																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ACES OF SPADE LLC MARK C LONG 2541 E YELLOWSTONE HWY ST ANTHONY ID 83445		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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>Mark Cady Long</td> <td>2541 E Yellowstone Hwy</td> <td>St Anthony</td> <td>ID</td> <td></td> <td>83445</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Emma Long</td> <td>2541 E Yellowstone Hwy</td> <td>St Anthony</td> <td>ID</td> <td></td> <td>83445</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"/>	Mark Cady Long	2541 E Yellowstone Hwy	St Anthony	ID		83445	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Emma Long	2541 E Yellowstone Hwy	St Anthony	ID		83445	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mark Cady Long	2541 E Yellowstone Hwy	St Anthony	ID		83445																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Emma Long	2541 E Yellowstone Hwy	St Anthony	ID		83445																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 103600</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>8-27-2013</u></td> </tr> <tr> <td>Name (type or print): <u>Mark C. Long</u></td> <td>Title: <u>Manager/owner</u></td> </tr> </table>		Signature: 	Date: <u>8-27-2013</u>	Name (type or print): <u>Mark C. Long</u>	Title: <u>Manager/owner</u>																															
Signature: 	Date: <u>8-27-2013</u>																																					
Name (type or print): <u>Mark C. Long</u>	Title: <u>Manager/owner</u>																																					
Issued 08/20/2013 by CLH																																						