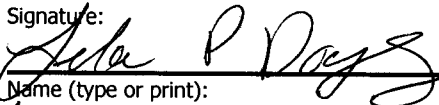
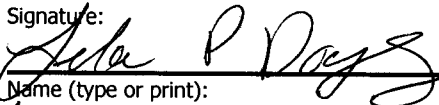
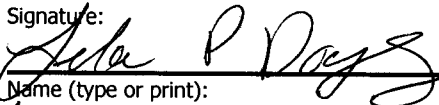


No. W 32478	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) LELA DOMINGUEZ 1123 E LOGAN ST CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KODIAK FENCING LLC JOSE L DOMINGUEZ 1123 E LOGAN ST CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lela Dominguez	1123 E Logan St	Caldwell Id	US		83605
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jose Dominguez	1123 E Logan St	Caldwell Id	US		83605
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 32478</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Lela P Dominguez </td> <td style="width: 40%;"> Date: 12-10-15 Title: Owner </td> </tr> </table>	Signature:  Name (type or print): Lela P Dominguez	Date: 12-10-15 Title: Owner
Signature:  Name (type or print): Lela P Dominguez	Date: 12-10-15 Title: Owner		

Issued 11/24/2015 by TLB