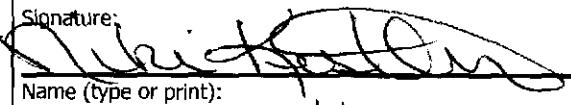


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|---|---|--|--------------------|---------------------|-----------------------|---------------------------|
| <p>No. W 142707</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p> | <p>Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017</p> <p>1. Mailing Address: Correct in this box if needed. VENTURE INN LLC NIKI KESTLER 1043 S ADELL AVE FILER ID 83328</p> | <p>2. Registered Agent and Office (NOT A P.O. BOX) NIKI KESTLER 1043 S ADELL AVE FILER ID 83328</p> | | | | |
| | | <p>3. <u>New</u> Registered Agent Signature.</p> | | | | |
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> | | | | | | |
| <p>Manager or Member</p> | <p>Name</p> | <p>Street or PO Address</p> | <p>City</p> | <p>State</p> | <p>Country</p> | <p>Postal Code</p> |
| <p>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></p> | <p>NIKI Kestler</p> | <p>1043 s adell Siler, Id 83328</p> | <p>Twin Falls</p> | | | |
| <p>Manager <input type="checkbox"/> Member <input type="checkbox"/></p> | | | | | | |
| <p>Manager <input type="checkbox"/> Member <input type="checkbox"/></p> | | | | | | |
| <p>Manager <input type="checkbox"/> Member <input type="checkbox"/></p> | | | | | | |
| <p>5. Organized Under the Laws of:</p> | | <p>6.</p> | | | | |
| <p>IDAHO W 142707</p> | | <p>Signature:  Name (type or print): <u>NIKI Kestler</u></p> | | | | |
| | | <p>Date: <u>1-10-18</u></p> | | | | |
| | | <p>Title: <u>1-10-18</u></p> | | | | |

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