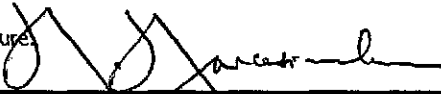


No. W 132331	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017	2. Registered Agent and Office (NOT A P.O. BOX) GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. NARASIMHAN FAMILY LLC ATTN: RUPA JACK 1001 SW 5TH AVE SUITE 2200 PORTLAND OR 97204 760 SW 9th Avenue, Suite 2100 PORTLAND, OR 97205

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 checked="" type="checkbox"/> Member <input type="checkbox"/>	NAGRAJ NARASIMHAN	833 Morning Sun Dr.	Twin Falls,	ID.	USA.	83301
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NARASIMHAN 2012 TRUST					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: IDAHO W 132331	6. Signature:  Name (type or print): NAGRAJ NARASIMHAN	Date: April 05, 2017 Title: MANAGER
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