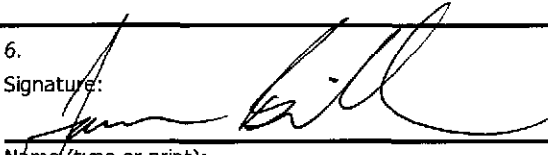
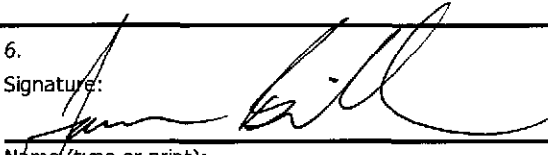
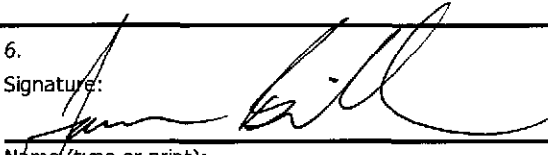


No. W 128101	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) JAMES BILLMAN 5676 E SAGEWOOD DR IDAHO FALLS ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. X-TREME PRODUCTIONS, LLC 5676 E SAGEWOOD DR IDAHO FALLS ID 83406		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"/>	Sommer Cewickos, 3910 South Yellowstone					
	Hwy. IDAHO FALLS ID. 83402					
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: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 128101</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature:  </td> <td style="width: 40%; padding: 5px;"> Date: 5/1/17 </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): James Billman </td> <td style="padding: 5px;"> Title: President </td> </tr> </table>	Signature: 	Date: 5/1/17	Name (type or print): James Billman	Title: President
Signature: 	Date: 5/1/17				
Name (type or print): James Billman	Title: President				

Issued 05/01/2017 by online