


No. W 160761	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) TAYLOR BARLOW 125 E ASPEN DR VICTOR ID 83455																																			
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. MONDO FLY FISHING, LLC PO BOX 599 VICTOR ID 83455		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Levi Gephart</td> <td>6184 South Clara Dr.</td> <td>Taylorsville</td> <td>UT</td> <td>U.S.A.</td> <td>84129</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Taylor Barlow</td> <td>125 E Aspen Dr.</td> <td>Victor</td> <td>ID</td> <td>U.S.A.</td> <td>83455</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Levi Gephart	6184 South Clara Dr.	Taylorsville	UT	U.S.A.	84129	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Taylor Barlow	125 E Aspen Dr.	Victor	ID	U.S.A.	83455	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>									
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 160761 </div>	6. Signature:  <hr/> Name (type or print): Levi Gephart																																					
		Date: <u>5/26/2017</u> <hr/> Title: Member																																				
Issued 05/26/2017 by online																																						