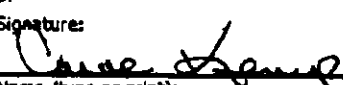
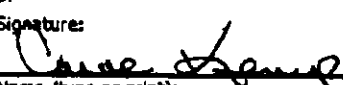
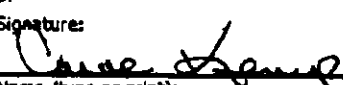


No. W 18102		Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) CLAUDE J KEMP 525 N. GRAFFITI STREET POST FALLS ID 83854																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KEMP ENTERPRISES L.L.C. CAROL A KEMP 525 GRAFFITI ST POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager ☒ Member ☐</td><td>Carol Kemp</td><td>525 Graffiti St</td><td>Post Falls</td><td>ID</td><td></td><td>83854</td></tr><tr><td>Manager ☒ Member ☐</td><td>Claude Kemp</td><td>"</td><td>"</td><td>"</td><td>"</td><td>"</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☒ Member ☐	Carol Kemp	525 Graffiti St	Post Falls	ID		83854	Manager ☒ Member ☐	Claude Kemp	"	"	"	"	"	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 18102		6. <table border="1"><tr><td>Signature: </td><td>Date: 5/23/13</td></tr><tr><td>Name (type or print): CAROL KEMP</td><td>Title: Manager</td></tr></table>				Signature: 	Date: 5/23/13	Name (type or print): CAROL KEMP	Title: Manager																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM