

No. J 2517	Reinstatement Annual Report Form LLP REVOKED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX) BRET WHEELER 11381 GILA DR KUNA ID 83634 <div style="font-size: 1.2em; font-family: cursive;">Darius Elison</div>
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. ONE CALL RESTORATION LLP 11381 GILA DR KUNA ID 83634		3. <u>New</u> Registered Agent Signature. <div style="font-family: cursive; font-size: 1.2em;">Darius Elison</div>

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Partners	Name	Street or PO Address	City	State	Country	Postal Code
Bret Wheeler		58827 Upper Perry Ln.	LaGrand	OR		97850

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center;">J 2517</div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> Signature: <div style="font-family: cursive; font-size: 1.2em;">Darius Elison</div> </td> <td style="width: 40%;"> Date: <div style="text-align: center;">9-25-16</div> </td> </tr> <tr> <td> Name (type or print): <div style="font-size: 1.2em;">Darius Elison</div> </td> <td> Title: <div style="text-align: center;">Owner</div> </td> </tr> </table>	Signature: <div style="font-family: cursive; font-size: 1.2em;">Darius Elison</div>	Date: <div style="text-align: center;">9-25-16</div>	Name (type or print): <div style="font-size: 1.2em;">Darius Elison</div>	Title: <div style="text-align: center;">Owner</div>
Signature: <div style="font-family: cursive; font-size: 1.2em;">Darius Elison</div>	Date: <div style="text-align: center;">9-25-16</div>				
Name (type or print): <div style="font-size: 1.2em;">Darius Elison</div>	Title: <div style="text-align: center;">Owner</div>				

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