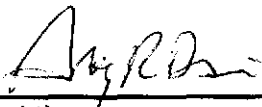
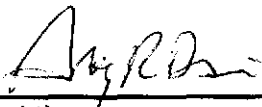
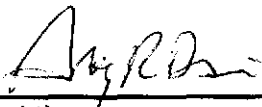


No. W 7039	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) BRAD WILLIAMS 2248 E ALDERHILL DR EAGLE ID 83616																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00			1. Mailing Address: Correct in this box if needed. NCDB, LLC LAUREN ANNE YUN 467 S. RIVERSHORE LANE EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.																																		
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>Lauren Yun</td> <td>467 S Rivershore Ln</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Greg Davis</td> <td>467 S Rivershore Ln</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</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 ☒	Lauren Yun	467 S Rivershore Ln	Eagle	ID		83616	Manager ☐ Member ☒	Greg Davis	467 S Rivershore Ln	Eagle	ID		83616	Manager ☐ Member ☐							Manager ☐ Member ☐						
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