

No. W 129911	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX)							
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. NOSKIRE VENTURES LLC TREVOR ERIKSON PO BOX 832 1154 Stocks Ave. REXBURG ID 83440		TREVOR ERIKSON 352 ROSEWOOD DR 1345 S. 2nd E. REXBURG ID 83440							
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Manager or Member</td> <td style="width: 15%;">Name</td> <td style="width: 30%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 10%;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Trevor Erikson	1345 S. 2nd E. REXBURG, ID	ID			83440				
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: IDAHO W 129911	6. Signature: 		Date: 6/2/17							
Name (type or print): Trevor Erikson		Title: member								
Issued 06/01/2017 by online										

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