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| No. W 125016 | Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015 | 2. Registered Agent and Office (NOT A P.O. BOX) WEBB FRENCH 1311 BRUSH CREEK RD DEARY ID 83823 ANDREW CUNNINGHAM 300 LINE ST DEARY, ID 83823 |
| 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. SALMERI AND SONS LLC BRIAN SALMERI 1011 BRUSH CREEK RD PO BOX 4 DEARY ID 83823 |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|--|-------------------|----------------------|-------|-------|---------|-------------|
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | ANDREW CUNNINGHAM | P.O. BOX 24 | DEARY | ID | USA | 83823 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | ANTHONY SALMERI | 530 WINDMILL LN | WACO | TX | USA | 76705 |
| 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: IDAHO W 125016 | 6. Signature:  Name (type or print): ANTHONY SALMERI | Date: 8/30/2016 Title: MEMBER |
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