

No. W 113890	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA																																			
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. O-RING STORE LLC (THE) 1835 ALDER CRT 222 THAIN RD LEWISTON ID 83501		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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARTIN C FROSTAD</td> <td>1835 ALDER CRT</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARTIN DAZON FROSTAD</td> <td>1835 ALDER CRT</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MICHAEL DAZON FROSTAD</td> <td>1835 ALDER CRT</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARTIN C FROSTAD	1835 ALDER CRT	LEWISTON	ID	USA	83501	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARTIN DAZON FROSTAD	1835 ALDER CRT	LEWISTON	ID	USA	83501	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL DAZON FROSTAD	1835 ALDER CRT	LEWISTON	ID	USA	83501	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARTIN C FROSTAD	1835 ALDER CRT	LEWISTON	ID	USA	83501																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARTIN DAZON FROSTAD	1835 ALDER CRT	LEWISTON	ID	USA	83501																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL DAZON FROSTAD	1835 ALDER CRT	LEWISTON	ID	USA	83501																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 113890	6. Signature:  Name (type or print): <u>MARTIN C FROSTAD</u> Date: <u>9/20/13</u> Title: <u>MEMBER</u>																																					

Issued 09/18/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM