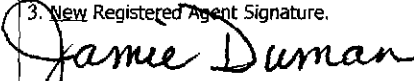



FILED

No. W 131694	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		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. MATT C. GROGAN LLC 321 W HAYDEN AVE COEUR D ALENE ID 83835		Jamie Duman 8245 N. Cornerstone Dr. Hayden, ID 83835	
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature. 	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member	Name	Street or PO Address	City	State
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Matt Grogan	9693 N. Pharmigan Dr.	Hayden,	Idaho 83835
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:		6.		
IDAHO W 131694		Signature: 	Date: 6/28/17	
		Name (type or print): Matt C Grogan	Title: Member	