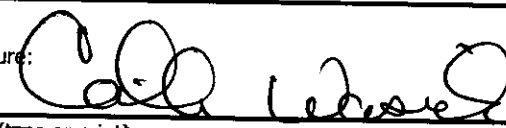


No. W 38182	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		2. Registered Agent and Office (NOT A P.O. BOX) CATHIE WASICK 3179 S WHITEPOST WAY EAGLE ID 83616							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. S & W CAPITAL, LLC CATHIE A WASICK 3179 S WHITEPOST WAY EAGLE ID 83616 USA		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> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </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"/>	John Soska	848 Roxanne Ave	LB	CA	USA	90815				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Audrey Soska	"	"	"	"	"				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kimball Wasick	3179 S. Whitepost Way	Eagle	ID	83616	USA				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 38182 </div>		6. Signature:  <hr/> Name (type or print): Cathie Wasick <div style="float: right; text-align: right;"> Date: 9/16/13 Title: Managing Member </div>								
Issued 09/13/2013 by SLD										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM