

No. <b>W 45359</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/07/2008</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )													
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.		TRACY SHIPMAN <del>3866 N PLAYER DR</del> <del>COEUR D'ALENE ID 83815</del>													
	GOT KNOTS? LLC TRACY <del>SHIPMAN</del> 3866 N PLAYER DR <del>COEUR D'ALENE ID 83815</del> <i>Tracy Nowoj</i> <i>1190 Starling Ave</i> <i>Hayden, ID 83835</i>		3. <del>New</del> Registered Agent Signature.													
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																
<table border="1"><thead><tr><th>Manager/Member 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>Mem/Man Tracy Nowoj</td><td>3866 N Player Dr.</td><td>COA</td><td>10</td><td></td><td>83815</td></tr></tbody></table>					Manager/Member Name	Street or PO Address	City	State	Country	Postal Code	Mem/Man Tracy Nowoj	3866 N Player Dr.	COA	10		83815
Manager/Member Name	Street or PO Address	City	State	Country	Postal Code											
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 45359</b>		6. <table border="1"><tr><td>Signature: <i>Tracy Nowoj</i></td><td>Date:</td></tr><tr><td>Name (type or print): <i>Tracy Nowoj</i></td><td>Title: <i>Mem/Man</i></td></tr></table>			Signature: <i>Tracy Nowoj</i>	Date:	Name (type or print): <i>Tracy Nowoj</i>	Title: <i>Mem/Man</i>								
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Issued 01/31/2011 by J.1																