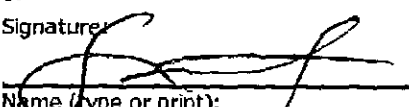


No. W 70549	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) ROB LINDSTROM 865 CAPITAL LN REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LINDSTROM ENTERPRISES, LLC 865 CAPITAL LN REXBURG ID 83440																																					
REINSTATEMENT FEE DUE: \$30.00			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 checked="" type="checkbox"/> Member: <input checked="" type="checkbox"/></td> <td>ROB LINDSTROM</td> <td>660 CENTENNIAL LOOP,</td> <td>REXBURG,</td> <td>ID</td> <td></td> <td>83440</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> <tr> <td>Manager: <input type="checkbox"/> Member: <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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 checked="" type="checkbox"/> Member: <input checked="" type="checkbox"/>	ROB LINDSTROM	660 CENTENNIAL LOOP,	REXBURG,	ID		83440	Manager: <input type="checkbox"/> Member: <input type="checkbox"/>							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 70549		6. Signature:  Name (type or print): <u>Scott Smith</u> Date: <u>9/20/15</u> Title: <u>Agent</u>																																				
Issued 10/06/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM