

**FILED EFFECTIVE**

No. <b>W 122651</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MICHAEL BARNES 1837 E YELLOW PINE AVE ATHOL ID 83801																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> ASKAHORSE ENTERPRISES, LLC <del>PO BOX 1478</del> <del>SPIRIT LAKE ID 83869</del> 1837 E Yellow Pine Ave. Athol, ID 83801		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 type="checkbox"/></td> <td>Michael Barnes</td> <td>1837 E Yellow Pine Ave,</td> <td>Athol,</td> <td>ID</td> <td></td> <td>83801</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Patrice Barnes</td> <td>1837 E Yellow Pine Ave,</td> <td>Athol,</td> <td>ID</td> <td></td> <td>83801</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 type="checkbox"/>	Michael Barnes	1837 E Yellow Pine Ave,	Athol,	ID		83801	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Patrice Barnes	1837 E Yellow Pine Ave,	Athol,	ID		83801	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 122651	<b>6.</b> Signature: <u>Michael Barnes</u> Name (type or print): Michael Barnes Date: <u>6-24-2014</u> Title: <u>Member</u>																																					