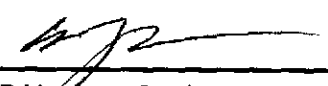
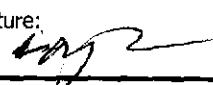
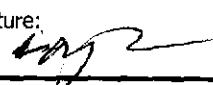
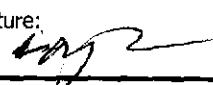


No. W 151081	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX) AUSTIN PENA 3742 GRANDVIEW DR. SANDPOINT ID 83864-8386																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: <u>Correct in this box if needed.</u> FIVE STAR SERVICES LLC 711 FOREST AVE 202 Preston Parker Lane SANDPOINT ID 83864 Sagle ID 83860		3. <u>New</u> Registered Agent Signature. 																																			
FILED EFFECTIVE																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Austin Pena</td> <td>202 Preston Parker Lane</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Sagle ID 83860</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 type="checkbox"/>	Austin Pena	202 Preston Parker Lane					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Sagle ID 83860					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: <div style="text-align: center;"> IDAHO W 151081 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 50%;"> Signature:  </td> <td style="width: 50%;"> Date: 9/12/08 </td> </tr> <tr> <td> Name (type or print): Austin Pena </td> <td> Title: owner </td> </tr> </table>		Signature: 	Date: 9/12/08	Name (type or print): Austin Pena	Title: owner																															
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Issued 08/02/2018 by SAT																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM