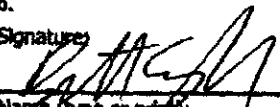


| <b>No. W 181427</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>         DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Reinstatement Annual Report Form<br/>         ADMIN DISSOLVED 07/23/2018</b><br><br>1. Mailing Address: Correct in this box if needed.<br>1023 N. 12TH, LLC<br>BRETT CAUGHRAN<br><del>2 RIVER TERRACE APT 8L</del><br><del>NEW YORK NY 10282</del><br>700 NW Blvd<br>Coeur d'Alene, ID 83814<br><br><b>FILED EFFECT</b> | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br>THERON J DE SMET<br>700 NW BLVD<br>COEUR D ALENE ID 83814<br><br>3. <u>New</u> Registered Agent Signature. |                   |       |                      |             |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|----------------------|-------------|-------|---------|-------------|-----------------------------------------------------------------------------|----------------|-----------------------------|-------------|----|--|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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>Brett Caughran</td> <td>8654 E. Thoroughbred Trail,</td> <td>Scottsdale,</td> <td>AZ</td> <td></td> <td>85285</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 type="checkbox"/> | Brett Caughran | 8654 E. Thoroughbred Trail, | Scottsdale, | AZ |  | 85285 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name                                                                                                                                                                                                                                                                                                                       | Street or PO Address                                                                                                                                             | City              | State | Country              | Postal Code |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Brett Caughran                                                                                                                                                                                                                                                                                                             | 8654 E. Thoroughbred Trail,                                                                                                                                      | Scottsdale,       | AZ    |                      | 85285       |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                   |       |                      |             |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                   |       |                      |             |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                   |       |                      |             |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>         W 181427</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6.<br>Signature: <br>Name (type or print): <u>Brett Caughran</u><br>Date: <u>9/4/18</u><br>Title: <u>9/4/18</u>                                                                                                                           |                                                                                                                                                                  |                   |       |                      |             |       |         |             |                                                                             |                |                             |             |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

Issued 08/30/2018 by online