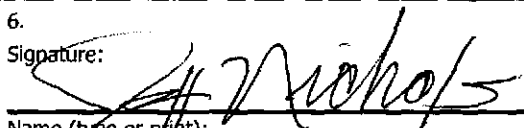
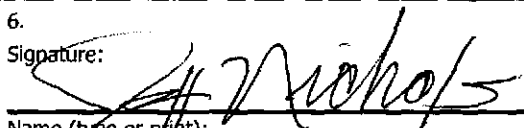
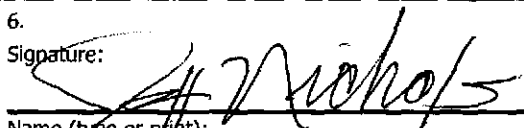


No. W 74388	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) JEFF NICHOLS 811 6TH AVE LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TERRE DE CARACTERE, LLC 811 6TH AVE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	GREG KALBFLEISCH	641 24TH AVE	LEWISTON,	ID	USA	83501
Manager ☐ Member ☒	MARCY SAILER	641 24TH AVE	LEWISTON,	ID	USA	83501
Manager ☐ Member ☒	DON BAIGHAM	414 TERESA CT.	CLARKSTON,	WA	USA	99403
Manager ☐ Member ☒	WYNDA KEEFER	414 TERESA CT.	CLARKSTON,	WA	USA	99403
SEE ATTACHED FOR ADD'L						

5. Organized Under the Laws of: IDAHO W 74388	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>5/25/2018</u> </td> </tr> <tr> <td> Name (type or print): <u>JEFF NICHOLS</u> </td> <td> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: 	Date: <u>5/25/2018</u>	Name (type or print): <u>JEFF NICHOLS</u>	Title: <u>MEMBER</u>
Signature: 	Date: <u>5/25/2018</u>				
Name (type or print): <u>JEFF NICHOLS</u>	Title: <u>MEMBER</u>				

Issued 05/18/2018 by SAT

<u>MANAGER OR MEMBER</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>COUNTRY</u>	<u>POSTAL CODE</u>
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MEMBER	JULIE NATALE	7402 NE 145 TH ST.	KENMORE,	WA	USA	98028
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MEMBER	KAREN NICHOLS	6806 N. WESTGATE PL.	SPOKANE,	WA	USA	99208
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MEMBER	JEFF NICHOLS	811 6 TH AVE.	LEWISTON,	ID	USA	83501
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