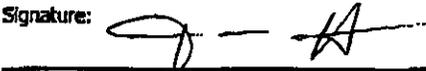


No. J 1309		Reinstatement Annual Report Form LLP REVOKED 09/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) JOEL HELLERMAN 305 PARK #D MCCALL ID 83638																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MCCALLCABINS.COM LLP JULIE HELLERMAN PO BOX 2769 MCCALL ID 83638 USA		3. <u>New</u> Registered Agent Signature.																						
REINSTATEMENT FEE DUE: \$30.00																										
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.																										
<table border="1"> <thead> <tr> <th>Partners</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></td> <td>Julie Hellerman</td> <td>Box 2769 ²⁷⁶⁹</td> <td>McCall</td> <td>ID</td> <td></td> <td>83638</td> </tr> <tr> <td></td> <td>Joe Hellerman</td> <td>Box 2769</td> <td>McCall</td> <td>ID</td> <td></td> <td>83638</td> </tr> </tbody> </table>						Partners	Name	Street or PO Address	City	State	Country	Postal Code		Julie Hellerman	Box 2769 ²⁷⁶⁹	McCall	ID		83638		Joe Hellerman	Box 2769	McCall	ID		83638
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	Joe Hellerman	Box 2769	McCall	ID		83638																				
5. Organized Under the Laws of: IDAHO J 1309		6. Signature: 		Date: 11-26-13																						
		Name (type or print): Julie Hellerman		Title: 11-26-13																						

Issued 11/26/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of at least two (2) partners. Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability partnership. Print or type the name of the signer below the signature.

**** The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability partnership is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability partnership to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____