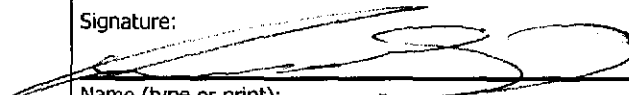
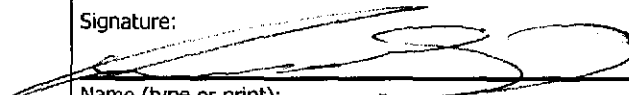
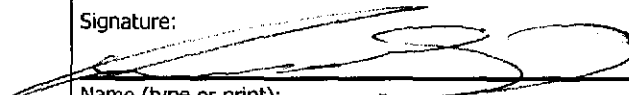


No. W 102675	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW HOREJS 337 N MILWAUKEE 9382 Maple Hill BOISE ID 83704 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CAPITAL SATELLITE LLC ANDREW HOREJS 337 N MILWAUKEE 9382 Maple Hill BOISE ID 83704 83709		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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Andrew Horejs	9382 Maple Hill	Boise	ID		83709
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: <div style="text-align: center;"> IDAHO W 102675 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 7-20-15 </td> </tr> <tr> <td> Name (type or print): Andrew Horejs </td> <td> Title: Member </td> </tr> </table>	Signature: 	Date: 7-20-15	Name (type or print): Andrew Horejs	Title: Member
Signature: 	Date: 7-20-15				
Name (type or print): Andrew Horejs	Title: Member				

Issued 07/20/2015 by JLI

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entire report must be entered through the use of this form. Pay special attention to the mailing address. If the