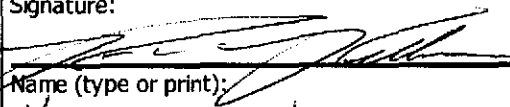


No. W 90402	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN KELLER 3509 EAST 3138 NORTH KIMBERLY ID 83341-1293																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ACCU-BLADE SALES & RESHARP LLC KEVIN KELLER 3509 E 3138 N KIMBERLY ID 83341-1293																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kevin C Keller</td> <td>3509 E 3138 N</td> <td>Kimberly Id</td> <td>US</td> <td></td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kaylean Keller</td> <td>3509 E 3138 N</td> <td>Kimberly Id</td> <td>US</td> <td></td> <td>83341</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin C Keller	3509 E 3138 N	Kimberly Id	US		83341	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kaylean Keller	3509 E 3138 N	Kimberly Id	US		83341	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 90402	6. Signature:  Name (type or print): Kevin C Keller			Date: 2-23-18 Title: Owner																																		

Issued 02/23/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM