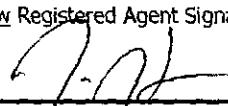


No. W 157493	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. J INTEGRITAS LLC JARIN J LISCINSKI <del>140 S COLE RD</del> 4396 S. COCHEES WY BOISE ID 83709			STEVEN EALKIRE 1111 W JEFFERSON ST BOISE ID 83701 JARIN LISCINSKI 4396 S. COCHEES WY BOISE ID 83709		
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature. 		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	JARIN LISCINSKI	4396 S. COCHEES WY	BOISE	ID	ABA	83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Amie Liscinski		"	"	"	"
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 157493		6. Signature:  Name (type or print): JARIN LISCINSKI				
		Date: 10/18/17 Title: MANAGER				

[Issued 10/18/2017 by TLB]

### 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.

~~... - the incorrect information and write in the correct information. Note: The office~~