
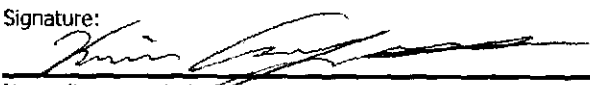


No. <b>W 126438</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/27/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> LIGHT KNIFE STUDIO, LLC. Amy L Cederquist 830 N 19TH STREET Coeur d'Alene Id 83814 USA	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> KEVIN ROY CEDERQUIST 830 N 19TH STREET Coeur d'Alene ID 83814-8381   <b>3. New Registered Agent Signature.</b>
--	--	--

**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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin Cederquist	830 N 19th St	Coeur d'Alene	ID	USA	83814
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Amy Cederquist	830 N 19th St	Coeur d'Alene	ID	USA	83814
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 126438</b> </div>	<b>6.</b> Signature:  <hr/> Name (type or print): <u>Kevin Cederquist</u> <div style="float: right; text-align: right;">           Date: <u>22 MAR 18</u>            Title: <u>Owner</u> </div>
--	--

Issued 03/19/2018 by TLB

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**