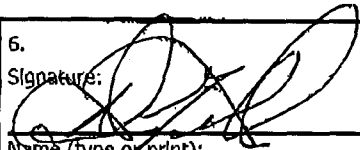


No. W 135313		Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) DRU M GUTHRIE 890 OXFORD DR IDAHO FALLS ID 83401	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALOHA BALL, LLC DRU M GUTHRIE 890 OXFORD DR IDAHO FALLS ID 83401		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 type="checkbox"/>		RON MONTEZ	444 WEST ORANGE GROVE		
			ROAD #605	TUCSON, AZ	85704
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: IDAHO W 135313		6. Signature:  Date: 9-1-16 Name (type or print): Ron Montez Title:			
Issued 09/01/2016 by online					