

No. <b>W 93384</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/07/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JORDON COFFIN 10805 CLOUDLESS ST NAMPA ID 83687																																			
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>	1. <b>Mailing Address: Correct in this box if needed.</b> JORDON ATHLETIC COMPANY LLC JORDON LEE COFFIN 10805 CLOUDLESS ST NAMPA ID 83687 USA		3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Rachel Coffin</td> <td>10805 Cloudless St</td> <td>Nampa</td> <td>ID</td> <td>US</td> <td>83687</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Rachel Coffin	10805 Cloudless St	Nampa	ID	US	83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rachel Coffin	10805 Cloudless St	Nampa	ID	US	83687																																
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;"> <b>IDAHO</b>  <b>W 93384</b> </div>	6. Signature:  <hr/> Name (Type or print): <u>JORDAN COFFIN</u> <hr/> Date: <u>9/12/12</u> <hr/> Title: <u>Owner</u>																																					
Issued 09/05/2012 by CLH																																						