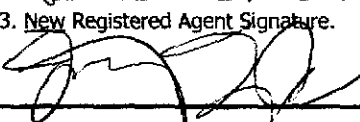
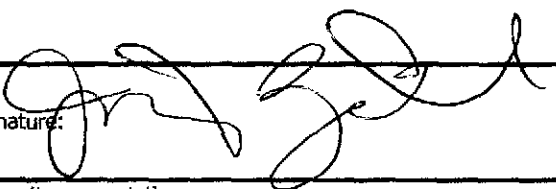


No. W 55817	Reinstatement Annual Report Form ADMIN DISSOLVED 01/04/2008		2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 1801 SHORELINE DR STE 2 BOISE ID 83702 Jonathan Zucker 31911 North 5th Ave Spirit Lake, ID 83869																																			
Return to: SECRETARY 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. SPIRIT LAKE BOOKS, LLC 22221 SHORELINE DR PO Box 1509 SPIRIT LAKE ID 83869	3. New Registered Agent Signature. 																																		
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jonathan Zucker</td> <td>PO Box 1509</td> <td>Spirit Lake</td> <td>ID</td> <td></td> <td>83869</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Terry Zucker</td> <td>PO Box 1509</td> <td>Kootenai</td> <td>County</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"/>	Jonathan Zucker	PO Box 1509	Spirit Lake	ID		83869	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Terry Zucker	PO Box 1509	Kootenai	County			Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 55817	6. Signature:  Name (type or print): Jonathan Zucker			Date: 3/10/15 Title: Owner																																		

Both the same

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM