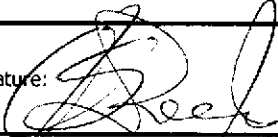


No. W 165639	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. VENTUREED, LLC PO BOX 2127 BOISE ID 83701		DEBORAH REED 11588 W FAIRVIEW STE 200 BOISE ID 83713	
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member	Name	Street or PO Address	City	State
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Deborah Reed	PO Box 2127	Boise	ID
Manager <input type="checkbox"/> Member <input type="checkbox"/>				Ada
Manager <input type="checkbox"/> Member <input type="checkbox"/>				83701
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 165639	6. Signature:  Name (type or print): <u>Deborah Reed</u>		Date: <u>7-28-17</u> Title: <u>President</u>	
Issued 07/28/2017 by online				

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 mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the