

| No. W 156912 | Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018 | | 2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH S SCOTT 368 FOX CREEK SPUR PRIEST RIVER ID 83856 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. KANIKSU SECURITY SPECIALISTS LLC KIMBERLY ANN SCOTT 368 FOX CREEK SPUR PRIEST RIVER ID 83856 | | 3. <u>New</u> 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>KIMBERLY A. SCOTT</td> <td>368 FOX CREEK SPUR</td> <td>Priest River,</td> <td>ID.</td> <td>BEAR</td> <td>83856</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JOSEPH S. SCOTT</td> <td>368 FOX CREEK SPUR</td> <td>Priest River,</td> <td>ID.</td> <td>U.S.</td> <td>83856</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"/> | KIMBERLY A. SCOTT | 368 FOX CREEK SPUR | Priest River, | ID. | BEAR | 83856 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | JOSEPH S. SCOTT | 368 FOX CREEK SPUR | Priest River, | ID. | U.S. | 83856 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 156912 | | 6. Signature: <u>Kimberly A. Scott</u> Name (type or print): <u>KIMBERLY SCOTT</u> Date: <u>Feb 28, 2018</u> Title: <u>Owner/Manager</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 02/28/2018 by online