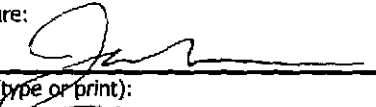


No. <b>W 70295</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN MOSHER 819 E COEUR D ALENE AVE #2 COEUR D'ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> RONIN GROUP LLC (THE) 819 E COEUR D ALENE AVE #2 COEUR D'ALENE ID 83814		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:30%;">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:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John Mosher</td> <td>819 E Coeur Ave #2</td> <td>Coeur</td> <td>Id</td> <td>USA</td> <td>83814</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"/>	John Mosher	819 E Coeur Ave #2	Coeur	Id	USA	83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <div style="text-align: center; font-size: 1.2em;">                     IDAHO W 70295                 </div>	6. Signature:  Date: <u>10-13-17</u> Name (type or print): <u>John Mosher</u> Title: <u>owner</u>																																					
Issued 10/13/2017 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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the