




| <b>No. W 123878</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 07/21/2015</b>                                   |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>KELSEY CLYDE KUNKEL<br><del>1906 16TH AVE</del> 111 Main Street Suite #301<br>LEWISTON ID 83501 |  |                  |  |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|------------------|--|------------------|-------|---------|-------------|---|---------------------|------------|----------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>CLYDESDALE LLC<br>PO BOX 373<br>LEWISTON ID 83501 |   | 3. <u>New</u> Registered Agent Signature.  |  |                  |  |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   |  |   |  |  |                  |  |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.   |  |   |  |  |                  |  |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kelsey Clyde Kunkel</td> <td>PO Box 373</td> <td>Lewiston</td> <td>ID</td> <td>USA</td> <td>83501</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Kelsey Clyde Kunkel | PO Box 373 | Lewiston | ID | USA | 83501 | 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 type="checkbox"/> Member <input checked="" type="checkbox"/>   | Kelsey Clyde Kunkel  | PO Box 373  | Lewiston   | ID   | USA              | 83501                                    |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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:<br><br><div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 123878</div>   |  | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:<br/>  </td> <td style="width: 40%;">           Date:<br/>           8-27-15         </td> </tr> <tr> <td>           Name (type or print):<br/>           Kelsey C Kunkel         </td> <td>           Title:<br/>           Member         </td> </tr> </table> |  | Signature:<br> | Date:<br>8-27-15 | Name (type or print):<br>Kelsey C Kunkel | Title:<br>Member |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature:<br>  | Date:<br>8-27-15   |   |  |  |                  |  |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (type or print):<br>Kelsey C Kunkel  | Title:<br>Member   |   |  |  |                  |  |                  |       |         |             |   |                     |            |          |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Issued 08/27/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM