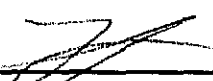



No. <b>W 101871</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/17/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL CARTER <i>Toby LAPP</i> <del>3707 N 2455 E</del> <i>3443 E 3300 N</i> TWIN FALLS ID <del>83301</del> <i>Twin Falls, ID 83301</i>					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. SEAL KING, LLC TOBY LAPP <del>3707 N 2455 E</del> <i>P.O. Box 5874</i> <del>TWIN FALLS ID 83301</del> <div style="text-align: center; font-size: 1.5em;"><i>83303</i></div>		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      Country      Postal Code								
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Toby LAPP</i>			<i>P.O. Box 5874</i>	<i>Twin Falls</i>	<i>ID</i>	<i>U.S.A</i>	<i>83303</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>N/A</i>			—	—	—	—	—
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>N/A</i>			—	—	—	—	—
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>N/A</i>			—	—	—	—	—
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">           IDAHO            W 101871         </div>		6. Signature:  <hr/> Name (type or print): <i>Toby LAPP</i> <hr/>		Date: <i>3/16/15</i> <hr/> Title: <i>Owner</i> <hr/>				
Issued 09/09/2014 by SLD								

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM