




| No. <b>W 144602</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 02/24/2017</b> |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>LAURIE ROSE ROMASKO<br>1013 ROCKY POINT RD<br>POCATELLO ID 83204 |   |   |   |                            |       |         |             |   |                     |                  |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|---|---|---|----------------------------|-------|---------|-------------|---|---------------------|------------------|-----------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   |  |  |   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>LAPIS OPES LLC<br>LAURIE ROSE ROMASKO<br>1013 ROCKY POINT RD<br>POCATELLO ID 83204 | 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>LAURIE ROSE ROMASKO</td> <td>1013 ROCKY POINT</td> <td>POCATELLO</td> <td>ID</td> <td>USA</td> <td>83204</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"/> | LAURIE ROSE ROMASKO | 1013 ROCKY POINT | POCATELLO | ID | USA | 83204 | 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 checked="" type="checkbox"/> Member <input type="checkbox"/>   | LAURIE ROSE ROMASKO  | 1013 ROCKY POINT   | POCATELLO   | ID  | USA                                       | 83204   |                            |       |         |             |   |                     |                  |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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><b>IDAHO</b><br><b>W 144602</b>  |  | 6. <table border="1"> <tr> <td>Signature:<br/></td> <td>Date:<br/><u>9/12/17</u></td> </tr> <tr> <td>Name (type or print):<br/><u>LAURIE ROSE ROMASKO</u></td> <td>Title:<br/><u>OWNER-LLC</u></td> </tr> </table> |   | Signature:<br>  | Date:<br><u>9/12/17</u>                   | Name (type or print):<br><u>LAURIE ROSE ROMASKO</u> | Title:<br><u>OWNER-LLC</u> |       |         |             |   |                     |                  |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature:<br>  | Date:<br><u>9/12/17</u>  |  |   |   |   |   |                            |       |         |             |   |                     |                  |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (type or print):<br><u>LAURIE ROSE ROMASKO</u>   | Title:<br><u>OWNER-LLC</u>   |  |   |   |   |   |                            |       |         |             |   |                     |                  |           |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |