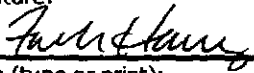
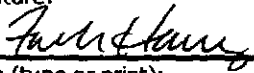
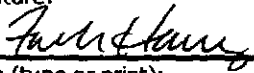


No. <b>W 122552</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ZACH HAWS 694 S IRON SPRINGS KUNA ID 83634																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> BRYTON LLC ZACH HAWS 694 S IRON SPRINGS KUNA ID 83634		3. <u>New</u> Registered Agent Signature.																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Zach Haws</td> <td>694 S. Iron Springs Ave</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83634</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Anneliese T. Haws</td> <td>694 S. Iron Springs Ave</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83634</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"/>	Zach Haws	694 S. Iron Springs Ave	Kuna	ID	USA	83634	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Anneliese T. Haws	694 S. Iron Springs Ave	Kuna	ID	USA	83634	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"/>	Zach Haws	694 S. Iron Springs Ave	Kuna	ID	USA	83634																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Anneliese T. Haws	694 S. Iron Springs Ave	Kuna	ID	USA	83634																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 122552</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:  <u>6-2-2015</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Zach Haws</u> </td> <td>           Title:  <u>Managing Member</u> </td> </tr> </table>		Signature: 	Date: <u>6-2-2015</u>	Name (type or print): <u>Zach Haws</u>	Title: <u>Managing Member</u>																															
Signature: 	Date: <u>6-2-2015</u>																																					
Name (type or print): <u>Zach Haws</u>	Title: <u>Managing Member</u>																																					
Issued 06/02/2015 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM