


No. W 25829	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2005		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL RIESS 1106 SMITH AVE NAMPA ID 83651	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FLYINGSPLINTER PRODUCTIONS LLC DANIEL RIESS 1106 SMITH AVE NAMPA ID 83651		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"/>	Daniel Riess	1104 Smith Ave.	Nampa	ID	USA	83651
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 <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 25829</div>	6. <div style="margin-top: 10px;"> Signature:  </div> <div style="margin-top: 10px;"> Name (type or print): <u>Daniel Riess</u> </div>
	<div style="margin-top: 10px;"> Date: <u>4-10-12</u> </div> <div style="margin-top: 10px;"> Title: <u>Manager</u> </div>

Issued 04/10/2012 by JL1