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|---|---|--|---|-------|---------|-------------|
| 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. New 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 | 1106 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: | | 6. | | | | |
| IDAHO W 25829 | | Signature:  Name (type or print): Daniel Riess | | | | |
| | | Date: 4/10/12 Title: Manager | | | | |

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