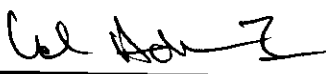


No. W 15321 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013 1. Mailing Address: Correct in this box if needed. ADAM CHRISTOPHER, LLC CARL H ADAM JR 5990 S. 45TH. W. IDAHO FALLS ID 83402-5717	2. Registered Agent and Office (NOT A P.O. BOX) CARL H ADAM JR 5990 S 45 W IDAHO FALLS ID 83402 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; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>CARL ADAM JR.</td> <td>5990 S. 45th W.</td> <td>I.F.</td> <td>ID</td> <td>USA</td> <td>83402-5717</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"/>	CARL ADAM JR.	5990 S. 45th W.	I.F.	ID	USA	83402-5717	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 15321 </div>	6. Signature: <u></u> Date: <u>9/3/2013</u> Name (type or print): <u>CARL ADAM JR.</u> Title: <u>MANAGER</u>																																				

Issued 08/23/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM