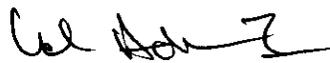


No. <b>W 15321</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/12/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CARL H ADAM JR 5990 S 45 W IDAHO FALLS ID 83402																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ADAM CHRISTOPHER, LLC CARL H ADAM JR 5990 S. 45TH. W. IDAHO FALLS ID 83402-5717		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
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>CARL ADAM JR.</td> <td>5990 S. 45<sup>th</sup> 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. 45 <sup>th</sup> 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:  <b>IDAHO</b> <b>W 15321</b>		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**