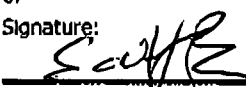


W 95650

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| | | | | | |
|---|----------------|--|--------------|--|---------------------|
| No. W 95650 | | Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011 | | 2. Registered Agent and Office (NOT A P.O. BOX) D SCOTT BAUER 236 SKYVIEW SAGLE ID 83860 81 Kuskanak Loop Kootenai, Id 83860 | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BAUER LAW PLLC PO BOX 944 SANDPOINT ID 83864 | | 3. New Registered Agent Signature. | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | | |
| 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 checked="" type="checkbox"/> | D. Scott Bauer | PO Box 944 | Sandpoint Id | US | 83864 |
| 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 95650 | | Signature:  | | Date: 8/7/15 | |
| | | Name (type or print): D. Scott Bauer | | Title: owner | |
| Issued 08/06/2015 by online | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the