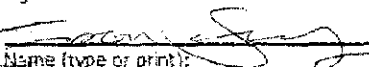


No. W 90470	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) JACOB J GARLING 408 HUNTER AVE TWIN FALLS ID 83301 1170 Harmony Road Twin Falls, ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 204 MAIN ST, LLC JACOB J GARLING 408 HUNTER AVE TWIN FALLS ID 83301 1170 Harmony Road Twin Falls, ID 83301		3. <u>New</u> Registered Agent Signature.																																			
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 ☐ Member ☒</td> <td>Jacob J. Garling,</td> <td>1170 Harmony Road,</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td>Jason Shumway,</td> <td>8429 Western Gables Drive,</td> <td>Eagle Mountain,</td> <td>UT,</td> <td></td> <td>84005</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Jacob J. Garling,	1170 Harmony Road,	Twin Falls,	ID		83301	Manager ☐ Member ☐	Jason Shumway,	8429 Western Gables Drive,	Eagle Mountain,	UT,		84005	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 90470		6. Signature:  Name (type or print): <u>Jason Shumway</u> Date: <u>2-2-2017</u> Title: <u>Member</u>																																				