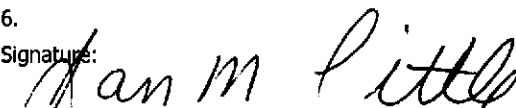
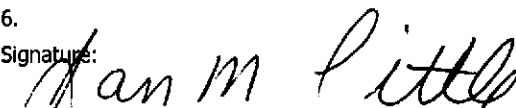
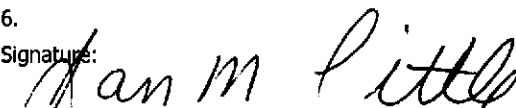


No. W 36790 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) JAN MARIE LITTLE 200 S COEUR D'ALENE HARRISON ID 83833
	1. Mailing Address: Correct in this box if needed. ONE SHOTS LLC JAN M LITTLE PO BOX 209 HARRISON ID 83833	3. <u>New</u> 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 ☐ Member ☒	Jan m. Little	PO Box 209	Harrison	ID	USA	83833
Manager ☐ Member ☒	James A. Little	PO Box 209	Harrison	ID	USA	83833
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of: IDAHO W 36790	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>6-1-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Jan m. Little</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>6-1-15</u>	Name (type or print): <u>Jan m. Little</u>	Title: <u>Member</u>
Signature: 	Date: <u>6-1-15</u>				
Name (type or print): <u>Jan m. Little</u>	Title: <u>Member</u>				

Issued 06/01/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM