

No. W 108610	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013					
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.  NIKOBREW LLC 119 S VALLEY DR STE A PMB 151 NAMPA ID 83686	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  DANIEL JOSEPH LUKOFF 1727 SILVER LOOP NAMPA ID 83686				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	3. <u>New</u> Registered Agent Signature.					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <b>Daniel Lukoff</b>	Street or PO Address <b>1727 Silver Loop</b>	City <b>Nampa</b>	State <b>ID</b>	Country <b>USA</b>	Postal Code <b>83686</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>Alexis Lukoff</b>	<b>1727 Silver Loop</b>	<b>Nampa</b>	<b>ID</b>	<b>USA</b>	<b>83686</b>
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 108610		Signature: <i>Sam L</i>				
		Date: <i>2/22/13</i>				
		Name (type or print): <i>Daniel Lukoff</i>				
		Title: <i>MR/owner</i>				