No. W 109327	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013	2. Registered Agent and Office (NOT A P.O. BOX)
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.** TALON HOLDINGS, LLC TIM REID ~~398 S 9TH ST STE 260~~ ~~BOISE ID 83702~~ 450 EAST BEACON LIGHT ROAD EAGLE IDAHO 83616	TIM REID ~~398 S 9TH ST STE 260~~ ~~BOISE ID 83702~~ 450 EAST BEACON LIGHT ROAD EAGLE IDAHO 83616 3. New 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 ☑	TIM REID	450 EAST BEACON LIGHT ROAD	EAGLE	ID	USA	83616
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 109327	Signature: Timothy P. Reid Date: 12-27-13 Name (type or print): TIMOTHY P. REID Title: MEMBER

Issued 12/27/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM