


| No. <b>W 103199</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 08/15/2014</b>   |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b> |                   |         |                      |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|---------------|-------------|----------------|-----|--|-------|---|------------|-------------|----------------|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>COA GROUP, LLC<br>DANIEL TREEND<br>PO BOX 72<br>POST FALLS ID 83877 |   | DANIEL TREEND<br>513 W APPLEWAY<br>COEUR D ALENE ID 83814 |                   |         |                      |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   | 3. <u>New</u> Registered Agent Signature.                 |                   |         |                      |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Daniel Treend</td> <td>P.O. Box 72</td> <td>Post Falls, ID</td> <td>USA</td> <td></td> <td>83877</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Roy Schons</td> <td>P.O. Box 72</td> <td>Post Falls, ID</td> <td>USA</td> <td></td> <td>83877</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Daniel Treend | P.O. Box 72 | Post Falls, ID | USA |  | 83877 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Roy Schons | P.O. Box 72 | Post Falls, ID | USA |  | 83877 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name   | Street or PO Address  | City  | State             | Country | Postal Code          |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Daniel Treend  | P.O. Box 72   | Post Falls, ID  | USA               |         | 83877                |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Roy Schons   | P.O. Box 72   | Post Falls, ID  | USA               |         | 83877                |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |   |                   |         |                      |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |   |   |                   |         |                      |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 103199</b>   |  | 6. Signature: <br>Date: <u>11/4/14</u><br>Name (type or print): <u>Daniel Treend</u><br>Title: <u>Member</u> |   |                   |         |                      |      |       |         |             |   |               |             |                |     |  |       |   |            |             |                |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**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 corrected address **must** be inside Block 1.