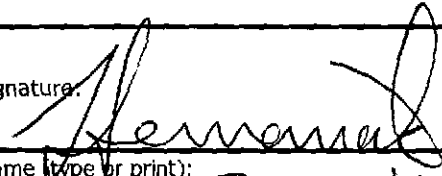


No. <b>W 110086</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/26/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> THOMAS SEMANCIK 7201 KINGSTON DR BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> SEMANCIK ENTERPRISES LLC 7201 KINGSTON DR BOISE ID 83704		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> Thomas Semanick 7201 Kingston Dr. Boise ID USA 83704			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;">             IDAHO              W 110086           </div>		6. Signature:  <hr/> Name (type or print): Thomas Semanick <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Date: 5-4-16  <hr/>           Title: Manager  <hr/> </div> </div>	
Issued 05/04/2016 by online			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM