

No. W 156908	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) JASON CALDWELL 500 S 8TH ST BOISE ID 83702
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. STORYTELLER CONTENT LLC 500 S 8TH ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	JASON CALDWELL	500 S 8th ST	BOISE	ID	ADA	83702
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RON TORRES					
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;"> IDAHO W 156908 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Jason Caldwell</u> Name (type or print): <u>JASON CALDWELL</u> </td> <td style="width: 40%;"> Date: <u>4/4/17</u> Title: _____ </td> </tr> </table>	Signature: <u>Jason Caldwell</u> Name (type or print): <u>JASON CALDWELL</u>	Date: <u>4/4/17</u> Title: _____
Signature: <u>Jason Caldwell</u> Name (type or print): <u>JASON CALDWELL</u>	Date: <u>4/4/17</u> Title: _____		

Received 04/04/2017 by TLR