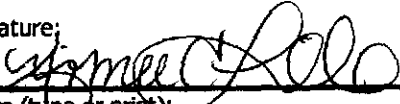


<b>No. W 114220</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/15/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> WILLIAM TODD LINDE 948 E ONTEM ST KUNA ID 83634
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> DANKAJIN ENTERPRISES LLC AIMEE C LINDE <del>948 E ONTEM ST</del> <del>KUNA ID 83634</del> P.O. Box 186 Kuna, ID 83634		<b>3. New Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	William Todd Linde	P.O. Box 186 Kuna, ID	USA 83634
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Aimee Celeste Linde	P.O. Box 186 Kuna, ID	USA 83634
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 114220           </div>		<b>6.</b> Signature: <u></u> Date: <u>8-27-14</u> Name (type or print): <u>Aimee C Linde</u> Title: <u>Manager</u>	
Issued 08/27/2014 by online			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM