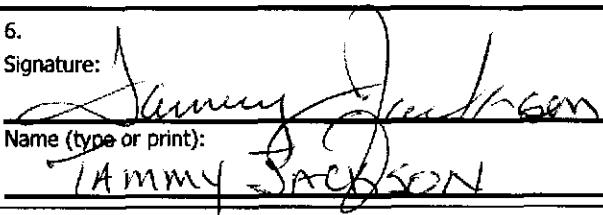


No. W 140150	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) TAMMY JACKSON 200 E LAKE ST MCCALL ID 83638	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct In this box if needed. TJ'S CUTTING EDGE CAFE LLC TAMMY JACKSON PO BOX 533 MCCALL ID 83638		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tammy Jackson P.O.Box 533, McCall, ID, US 83638			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Eric Nickesch P.O.Box 613, McCall, ID, US, 83638			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>				
5. Organized Under the Laws of: IDAHO W 140150	6. Signature:  Name (type or print): <u>Tammy Jackson</u>			
	Date: <u>11-3-17</u>			
	Title: <u>OWNER/MGR</u>			