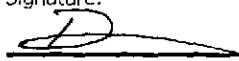


No. <b>W 96037</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID W LARSEN 13965 W CHINDEN BLVD SUITE 102 BOISE ID 83713							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LARSEN LAW PLLC DAVID W LARSEN 13965 W CHINDEN BLVD SUITE 102 BOISE ID 83713		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	David Larsen	24551 Benhaven Lane	Middleton ID	USA	83644					
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: 1.2em;">                     IDAHO W 96037                 </div>		6. Signature:  <hr/> Name (type or print): David Larsen		Date: 12/28/2016 <hr/> Title: Manager/Member						
Issued 12/28/2016 by online										