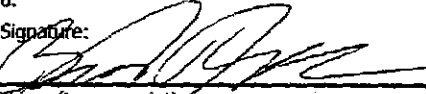


12/23/2017

W 155337

FILED EFFECTIVE

No. W 155337	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. WI FI FO FUM, LLC BRAD RHOADS 11465 W CUMBERLAND RIVER DR. 2524 NAMPA ID 83686 USA <i>E Colorado</i>		MATTHEW K TAYLOR 1112 W MAIN ST STE 101 BOISE ID 83686-8368																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brad Rhoads</td> <td>2524 E Colorado</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Susan Rhoads</td> <td>2524 E Colorado</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brad Rhoads	2524 E Colorado	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Susan Rhoads	2524 E Colorado	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 155337		6. Signature:  Date: <u>12/27/2017</u> Name (type or print): <u>BRAD RHOADS</u> Title: <u>President</u>																																				
Issued 12/23/2017 by online																																						