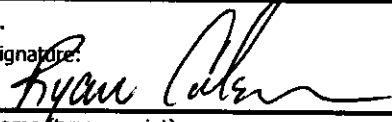
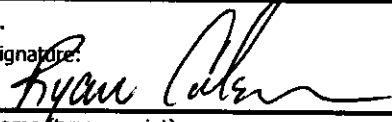
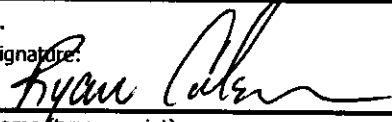


No. W 97235	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012		2. Registered Agent and Office (NOT A P.O. BOX) RYAN COLSON 220 S FIVE MILE RD BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. T&R VENTURES LLC RYAN COLSON 220 S FIVE MILE RD BOISE ID 83709		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Ryan Colson 220 S Five Mile Rd, Boise, ID, Ada, 83709					
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;"> IDAHO W 97235 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>Jun 6, 2013</u> </td> </tr> <tr> <td> Name (type or print): <u>RYAN COLSON</u> </td> <td> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: 	Date: <u>Jun 6, 2013</u>	Name (type or print): <u>RYAN COLSON</u>	Title: <u>MEMBER</u>
Signature: 	Date: <u>Jun 6, 2013</u>				
Name (type or print): <u>RYAN COLSON</u>	Title: <u>MEMBER</u>				

Issued 06/05/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM