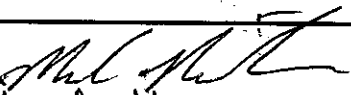


No. W 104389	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) MARK NICKERSON 6986 N PRESCOTT AVE BOISE ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. O.G. CONSULTING L.C. MARK NICKERSON 6986 N PRESCOTT AVE BOISE ID 83714		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 or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mark Nickerson	6986 N Prescott Ave	Boise	ID	US	83714
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 104389 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Mark A. Nickerson</u> </div> <div style="width: 35%;"> Date: <u>12-06-2012</u> Title: _____ </div> </div>
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Issued 12/06/2012 by LJC