

<b>No. W 107377</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/24/2017</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ANNALEE PHILLIPS 617 NORTH 1200 WEST BLACKFOOT ID 83221
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> PHILCO LLC MATTHEW PHILLIPS 617 NORTH 1200 WEST BLACKFOOT ID 83221		<b>3. New Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Matthew Phillips 617N 1200W Blackfoot ID 83221			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Annalee Phillips 617N 1200W Blackfoot ID 83221			
USA			
Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: large;">           IDAHO            W 107377         </div>		<b>6.</b> Signature: <u>Matthew Phillips</u> Date: <u>01/29/18</u> Name (type or print): <u>Matthew Phillips</u> Title: <u>owner</u>	
Issued 01/29/2018 by online			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM