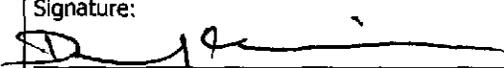


No. W 121863	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL ROBISON 5245 N 4000 W REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TETON WEBSTORES, LLC DANIEL ROBISON 5245 N 4000 W REXBURG ID 83440 UNITED STATES		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Daniel Robison</td> <td>5245 N. 4000 W.</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Deborah Macie Robison</td> <td>5245 N. 4000 W.</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Daniel Robison	5245 N. 4000 W.	Rexburg	ID	Madison	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Deborah Macie Robison	5245 N. 4000 W.	Rexburg	ID	Madison	83440	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 121863	6. Signature:  Date: <u>7-2-15</u> Name (type or print): <u>Daniel Robison</u> Title: <u>Owner</u>																																					
Issued 07/02/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM