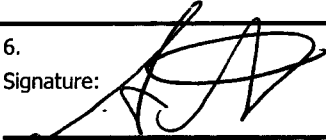


No. W 131602	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) BARAK WATSON 5627 HOWARD LANE NAMPA ID 83687
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. S & W ENTERPRISES OF IDAHO, LLC 5627 HOWARD LANE NAMPA ID 83687		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Steven Stark	206 E Explorer Ave	Nampa	ID		83686
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	BARAK WATSON	5627 Howard Lane	Nampa	ID		83687
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; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 131602</div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Steven Stark</u> </div> <div style="width: 35%; text-align: right;"> Date: <u>12/10/15</u> Title: <u>Manager</u> </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM