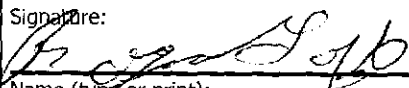


No. W 139255	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) DONNA L GOFF 4024 CLEVELAND BLVD CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NEW SHOP, LLC (THE) DONNA L GOFF 4024 CLEVELAND BLVD CALDWELL ID 83605		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"/> <i>Ryan Goff</i> <i>3423 maple road</i> <i>Caldwell, ID</i> <i>Canyon</i> <i>83605</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Roger Goff</i> <i>5022 Lasher Ln</i> <i>Caldwell, ID</i> <i>Canyon</i> <i>83605</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Donna Goff</i> <i>5022 Lasher Ln</i> <i>Caldwell, ID</i> <i>Canyon</i> <i>83605</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 139255 </div>		6. Signature: <div style="text-align: center;">  <hr/> Name (type or print): <i>ROGER GOFF</i> </div> <div style="text-align: right; margin-top: 10px;"> Date: <i>5-5-16</i> <hr/> Title: <i>owner</i> </div>	
Issued 05/05/2016 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM