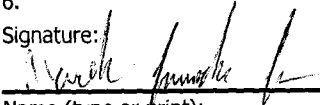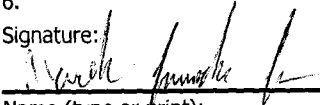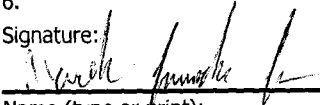| No. W 112209	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016	2. Registered Agent and Office **(NOT A P.O. BOX)**

No. W 112209

Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT FEE
DUE: **$30.00**

Reinstatement Annual Report Form
ADMIN DISSOLVED 06/23/2016

1. **Mailing Address: Correct in this box if needed.**

ACTION JACKSON DISTRIBUTING LLC
MARK ALLEN JACKSON JR
1519 GRANT AVE
BOISE ID 83704

2. Registered Agent and Office
(NOT A P.O. BOX)

MARK ALLEN JACKSON JR
1519 GRANT AVE
BOISE ID 83704

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 ☑ Member ☐	Mark Jackson JR	1519 S Grant Ave	Boise	ID	U.S.	83706
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:

IDAHO

W 112209

6.

Signature: _(signed)_

Name (type or print): Mark Jackson JR

Date: 9/9/16

Title: Manager

Issued 08/25/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM