


<b>No. W 71960</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> LYNNE WILLIAMS 239 E ROCKINGHAM DR EAGLE ID 83616																																			
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> BOOTSKI BRANDS, LLC LYNNE M WILLIAMS 239 E ROCKINGHAM DR EAGLE ID 83616 USA		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 5%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lynne Williams</td> <td>239 E. Rockingham Dr</td> <td>Eagle</td> <td>ID</td> <td>US</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kurt Williams</td> <td>239 E. Rockingham Dr.</td> <td>Eagle</td> <td>ID</td> <td>US</td> <td>83616</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynne Williams	239 E. Rockingham Dr	Eagle	ID	US	83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kurt Williams	239 E. Rockingham Dr.	Eagle	ID	US	83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 71960</div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>Kurt J. Williams</u> <div style="float: right; text-align: right;">           Date: <u>6/23/15</u>  <hr/>           Title: <u>Member</u> </div>																																				
Issued 06/23/2015 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 4:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the