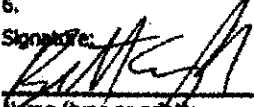


No. W 181422	Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. 609 E. 2ND, LLC BRETT CAUGHRAN 2 RIVER TERRACE APT 8L NEW YORK NY 10282 700 N 10 Blvd Coeur d'Alene, ID 83814		THERON J DESMET 700 NW BLVD COEUR D ALENE ID 83814																																			
REINSTATEMENT FEE DUE: \$30.00	FILED EFFECTIVE		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Brett Caughran</td> <td>8654 E. Thoroughbred Trail</td> <td>Scottsdale</td> <td>AZ</td> <td>USA</td> <td>85285</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Brett Caughran	8654 E. Thoroughbred Trail	Scottsdale	AZ	USA	85285	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 181422		6. Signature:  Name (type or print): Brett Caughran Date: 9/4/18 Title: Manager																																				
Issued 08/30/2018 by online																																						