


No. <b>W 76929</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011</b>	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> JOHN BARLETT 571 HUNTER AVE TWIN FALLS ID 83301- <del>2834</del> <i>21884th Ave E #2</i> <i>Owner / manager</i>
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FIVE FISH PRESS LLC JOHN E BARTLETT PO BOX 2834 TWIN FALLS ID 83303-2834 USA	<b>3. <u>New</u> Registered Agent Signature.</b>

**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"/>	John Bartlett	21884th Ave #2	TF			83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  IDAHO W 76929	<b>6. Signature:</b>  <b>Name (type of print):</b> <u>John E Bartlett</u>	<b>Date:</b> <u>3-5-13</u> <b>Title:</b> <u>owner</u>
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