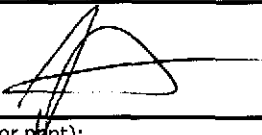


| No. W 158903 | Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) JARED W STAPLES 4463 N SHAW LOOP COEUR D'ALENE ID 83815 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|---------------|----------------------|--------|-------|---------|-------------|---|--------------|-------------------|---------------|----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. O BROTHERS SUBS, LLC 4463 N SHAW LOOP COEUR D'ALENE ID 83815 PO Box 1087 Hayden, ID 83835 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"> Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> </td> <td style="width: 20%;">Jared Staples</td> <td style="width: 25%;">PO Box 1087</td> <td style="width: 15%;">Hayden</td> <td style="width: 10%;">ID</td> <td style="width: 10%;">USA</td> <td style="width: 15%;">83835</td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> </td> <td>Kyle Staples</td> <td>426 E Mallard Ave</td> <td>Coeur d'Alene</td> <td>ID</td> <td>USA</td> <td>838</td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="5"></td> <td></td> </tr> <tr> <td> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="5"></td> <td></td> </tr> </table> | | | | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jared Staples | PO Box 1087 | Hayden | ID | USA | 83835 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Kyle Staples | 426 E Mallard Ave | Coeur d'Alene | ID | USA | 838 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jared Staples | PO Box 1087 | Hayden | ID | USA | 83835 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Kyle Staples | 426 E Mallard Ave | Coeur d'Alene | ID | USA | 838 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 158903 </div> | | 6. Signature:  <hr/> Name (type or print): <u>Jared Staples</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>3/14/17</u> <hr/> Title: _____ </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 03/13/2017 by online | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office