

No. W 115623		Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) LARRY D KNAPP 202 N 9TH ST STE 301 BOISE ID 83702			
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. 3 K EVENT CENTER LLC LARRY D KNAPP PO BOX 480 STAR ID 83669					
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		larry Knapp	PO Box 480	Star Id	USA	83669	
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Betsy Knapp	"	"	"	"	
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: IDAHO W 115623		6. Signature: 		Date: <u>08/18/2016</u>			
		Name (type or print): <u>L D. Knapp</u>		Title: <u>Manager</u>			

Issued 08/18/2016 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM