No. W 166264	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017	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. SHINOBI 7, LLC CHRIS BIRKENHAGEN Kai Nestoit 5311 N GLENWOOD ST GARDEN CITY ID 83714-1333	CHRIS BIRKENHAGEN KAI NEW bit 5311 N GLENWOOD ST GARDEN CITY ID 83714
reinstatement fee due: \$30.00		3. New Registered Agent Signature.
 Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. 		
Manager or Member	Name Street or PO Address Cit	y State Country Postal Code
Manager ☑ Member ☐	Ninja Vinsian P.B. 5311 N Glenwood St. Bu	se 10 usa 85714
Manager Member Seems Seas Entertainment 11100 Santa Monice La Angeles CA USA 90025 Manager Member Seems Seas Entertainment 11100 Santa Monice La Angeles CA USA 90025		
Manager 🗌 Member 🗌		
Manager Member D		
5. Organized Under the La	ws of: 6.	
IDAHO	Signature:	Date: 12/5/17
W 166264	Name (type or print):	Title:
<u> </u>	KAI NESTEIT	President INIX
Issued 12/06/2017 by onlin	e	

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