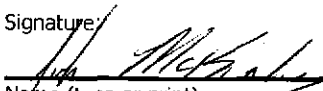


No. W 87036	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) JOHN MCKINLEY 4094 S OAK BROOKE WAY BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MCKINLEY CREATIONS LLC 4094 S OAK BROOKE WAY BOISE ID 83706		3. <u>New</u> Registered Agent Signature.
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 McKinley 4094 S. OAK BROOKE WAY, Boise ID Ada 83706			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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-weight: bold; font-size: 1.2em;"> IDAHO W 87036 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>John McKinley</u> </div> <div style="width: 35%;"> Date: <u>6/24/16</u> Title: <u>Member</u> </div> </div>	
Issued 06/24/2016 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM