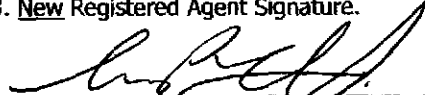



No. W 141803	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) SEAN EVANGELISTA 1317 WARM SPRINGS RD KETCHUM ID 83340 410 Bald Mtn. Rd #2 Ketchum, ID 83340
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. THIRTY SECONDS OUT LLC SEAN EVANGELISTA PO BOX 5460 KETCHUM ID 83340		3. New 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"/> Sean P. Evangelista PO Box 5460 Ketchum, ID 83340 USA			
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-size: 1.2em;"> IDAHO W 141803 </div>		6. Signature:  <hr/> Name (type or print): <u>Sean P. Evangelista</u> <div style="float: right; text-align: right;"> Date: <u>22 JUL 2017</u> Title: <u>President</u> </div>	
Issued 07/25/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM