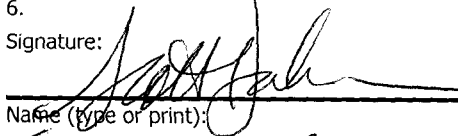
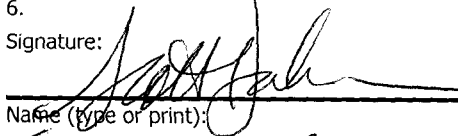
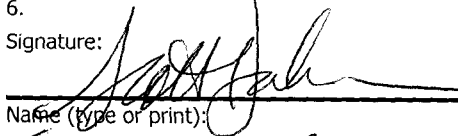


No. W 110025	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT DIDRIKSEN 327 E ROCKINGHAM DR EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SCOTT DIDRIKSEN, LLC SCOTT NORMAN DIDRIKSEN 327 E ROCKINGHAM DR EAGLE ID 83616		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"/>	SCOTT DIDRIKSEN	327 E Rockingham DR	Eagle	ID		83616
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;"> IDAHO W 110025 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>6 Sept 2016</u> </td> </tr> <tr> <td> Name (type or print): <u>SCOTT DIDRIKSEN</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: <u>6 Sept 2016</u>	Name (type or print): <u>SCOTT DIDRIKSEN</u>	Title: <u>Owner</u>
Signature: 	Date: <u>6 Sept 2016</u>				
Name (type or print): <u>SCOTT DIDRIKSEN</u>	Title: <u>Owner</u>				

Issued 09/06/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM