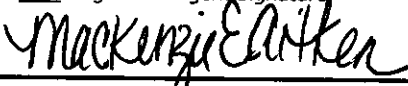



FILED EFFECTIVE

No. <b>W 89635</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/15/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <b>MACKENZIE E AITKEN</b> <del>393 S. WATERTON AVENUE</del> <del>EAGLE ID 83616-6281</del> <b>12579 N. 11th Avenue</b> <b>Boise, ID 83714</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. DRAGONFLY ENDEAVORS, LLC MACKENZIE E <del>RAWLIN</del> AITKEN <del>393 S. WATERTON AVENUE</del> <del>EAGLE ID 83616-6281 USA</del> <b>12579 N. 11th Avenue</b> <b>Boise, ID 83714</b>		3. New Registered Agent Signature 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Mackenzie E. Aitken</td> <td>12579 N. 11th Ave.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Paul A. Aitken</td> <td>12579 N. 11th Ave.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mackenzie E. Aitken	12579 N. 11th Ave.	Boise	ID		83714	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Paul A. Aitken	12579 N. 11th Ave.	Boise	ID		83714	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 89635</b>		6. Signature:  Date: <b>6-24-13</b> Name (type or print): <b>Mackenzie E. Aitken</b> Title: <b>Manager</b>																																				

Issued 06/18/2013 by LJC

**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 address given in Block 1 is incorrect, strike it out and write in the correct address. **Note:** To ensure future mailings, the