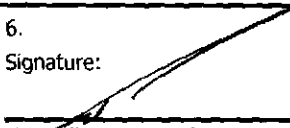


No. W 167584	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) CRYSTAL OWENS 28128 N HWY 41 #40 6249 W SPIRIT LAKE ID 83869 Maine St <div style="text-align: right;">Suite 202</div>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TIMBERLAKE FAMILY SERVICES, PLLC CRYSTAL OWENS 28128 N HWY 41 #40 PO Box 511 SPIRIT LAKE ID 83869		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"/> Crystal Owens PO Box 511 Spirit Lake ID USA 83869			
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: large;"> IDAHO W 167584 </div>		6. Signature:  <hr/> Name (type or print): Crystal Owens <hr/> <div style="text-align: right;"> Date: 11/1/17 Title: Owner LCSW </div>	

Issued 10/05/2017 by TLB

FILED