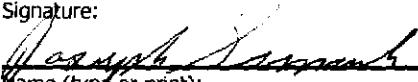


No. W 69314	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH SIMUNICH 2715 N VENABLE MERIDIAN ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SIMUNICH MCCALL, LLC 2715 N VENABLE MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	Joseph Simunich	2715 Venable	Mer	ID		83646
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Katherine Simunich	2715 Venable	Mer	ID		83646
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 69314 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): Joseph Simunich </div> <div> Date: 4/5/2017 Title: Manager-Pres </div> </div>
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Issued 03/31/2017 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM