

05/03/2018 12:11 FAX

4/28/2016

00000000

W 45359

No. W 45359 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016 1. Mailing Address: Correct in this box if needed. GOT KNOTS? LLC TRACY NOWOJ 1296 STARLING AVE HAYDEN ID 83835 30952 North Walking Horse Lane Athol Id 83801		2. Registered Agent and Office (NOT A P.O. BOX) TRACY SHIPMAN NOWOJ 1196 STARLING AVE HAYDEN ID 83835 30952 N, Walking Horse Lane Athol, Id 83801 3. New Registered Agent Signature. Tracy Nowoj																																		
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 ☒ Member ☒</td> <td>Tracy Nowoj</td> <td>1042 Mill St.</td> <td>Coeur d'Alene</td> <td>ID</td> <td>U.S.</td> <td>83814</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☒	Tracy Nowoj	1042 Mill St.	Coeur d'Alene	ID	U.S.	83814	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager ☒ Member ☒	Tracy Nowoj	1042 Mill St.	Coeur d'Alene	ID	U.S.	83814																															
Manager ☐ Member ☐																																					
Manager ☐ Member ☐																																					
Manager ☐ Member ☐																																					
5. Organized Under the Laws of: IDAHO W 45359	6. Signature: Tracy Nowoj Name (type or print): Tracy Nowoj Date: 4/30/16 Title: Owner																																				

Issued 04/29/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM