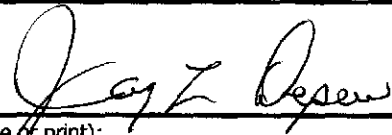


No. W 157487	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) JAY L DEPEW 622 CEDAR BROOKE DR TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SAPIENT GROUP LLC JAY L DEPEW 622 CEDAR BROOKE DR TWIN FALLS ID 83301		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"/>	Aleksandra Makarova	1750 194 Ave NE.	Woodinville WA USA 98077
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jay L Depew	622 Cedar Brooke Dr	Twin Falls ID 83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 157487</div>		6. Signature:  <hr/> Name (type or print): Jay L. Depew <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 6/6/17 <hr/> Title: Member <hr/> </div> </div>	
Issued 06/06/2017 by online			