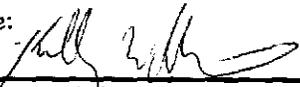


No. <b>W 148065</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KELLY WILLIAMS 605 COBBLECREST RD DRIGGS ID 83422																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TATANKA VENTURES, L.L.C. KELLY WILLIAMS PO BOX 1140 DRIGGS ID 83422		3. <b>New</b> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Evan Larson</td> <td>143 W Dogwood St</td> <td>Victor</td> <td>ID</td> <td>USA</td> <td>83455</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kelly Williams</td> <td>PO BOX 1429</td> <td>Driggs</td> <td>ID</td> <td></td> <td>83422</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Evan Larson	143 W Dogwood St	Victor	ID	USA	83455	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kelly Williams	PO BOX 1429	Driggs	ID		83422	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 W 148065</b>	6. Signature:  Date: <u>6/8/16</u> Name (type or print): <u>Kelly Williams</u> Title: <u>Member</u>																																					
Issued 06/08/2016 by online																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**