

No. W 87261		Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) PHIL ROSS Kelsey C Kunkel 3230 8TH ST 111 Main Street Suite 201 LEWISTON ID 83501																																								
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. ENDEAVOR CAPITAL GROUP, LLC PHIL ROSS Kelsey C Kunkel 3230 8TH ST 111 Main Street Suite #301 LEWISTON ID 83501 PO BOX 373		3. New Registered Agent Signature. <i>Kelsey C Kunkel</i>																																								
REINSTATEMENT FEE DUE: \$30.00																																												
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"/></td> <td>Member <input checked="" type="checkbox"/></td> <td>Kelsey C Kunkel</td> <td>PO Box 373</td> <td>Lewiston</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>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"/>	Kelsey C Kunkel	PO Box 373	Lewiston	ID	USA	83501	Manager <input type="checkbox"/>	Member <input type="checkbox"/>							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: IDAHO W 87261		6. Signature: <u><i>Kelsey C Kunkel</i></u> Date: <u>7-16-15</u> Name (type or print): <u><i>Kelsey C Kunkel</i></u> Title: <u>Member</u>																																										

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