
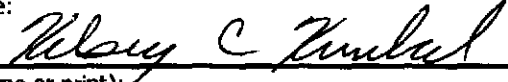


No. W 87261	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) PHIL ROSS Kelsey C Kunkel 3230 8TH ST 111 Main Street Suite #301 LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ENDEAVOR CAPITAL GROUP, LLC PHIL ROSS Kelsey C Kunkel 3230 8TH ST 111 Main Street Suite #301 LEWISTON ID 83501 <i>PO BOX 373</i>		3. New 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 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"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 87261 </div>	6. Signature:  <hr/> Name (type or print): <u>Kelsey C Kunkel</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <u>7-16-15</u> Title: <u>Member</u> </div> </div>		

Issued 07/16/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM