

No. W 135952	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. SAMWISE LLC BETHANY CANNER 1958 WHEATLANDS AVE LEWISTON ID 83501 Sam E Canner 3974 Ridgewater Dr. Lewiston ID 83501		BETHANY CANNER 1958 WHEATLANDS AVE LEWISTON ID 83501 Sam E Canner 3974 Ridgewater Dr. Lewiston ID 83501																																			
REINSTATEMENT FEE DUE: \$30.00			3. New 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 ☒ Member ☐</td> <td>Sam E Canner</td> <td>3974 Ridgewater Dr.</td> <td>Lewiston</td> <td>ID</td> <td>US</td> <td>83501</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 ☐	Sam E Canner	3974 Ridgewater Dr.	Lewiston	ID	US	83501	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 135952	6. Signature:  Date: 08/10/15 Name (type or print): Sam E Canner Title: owner																																					

Issued 08/06/2015 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM