No. W 142494 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015	2. Registered Agent and Office (NOT A P.O. BOX) SHELLY BRANCH	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JAMAHKEE LLC SHELLY BRANCH 5891 N STREAMSIDE PL GARDEN CITY ID 83714	5891 N STREAMSIDE PL GARDEN CITY ID 83714	
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.	
 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 Member Shelly Branch 589 IN Streamside Pl. Gravolen City Use Manager Member ID. 88714			
Manager Member □ ID. 8B714			
Manager Member			
Manager Member			
5. Organized Under the Lav	vs of: 6. —		İ
IDAHO	Signature: Signature:	Date: 5/2 U118	li
W 142494	Name (type or print): Shtly Branch	Title: M by / max	
Issued 05/24/2018 by JL1			