No. W 167992 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017 1. Mailing Address: Correct in this box if needed. INKLYNG LLC ZACHARY DORSCH 102-E.GEILYSBURG BØISE ID 83706	2. Registered Agent and Office (NOT A P.O. BOX) ZACHARY DORSCH 102 E GEDIYS BURG BOISE ID 83706 2716 N BLST ST BOISE, 10, 83703
reinstatement fee due: \$30.00	2716 N 3157 ST BOISE, 10, 23703	3. <u>New</u> 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 IMember ZACHORY DORSCH BOISt ID USA 73703 Manager Member Z716 N 315T Manager Member Image: Imag		
5. Organized Under the Lav IDAHO W 167992 Issued 01/11/2018 by JL1	ws of: 6. Signature: Name (type or print): ROUMENA KRATCHU	Date: <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date:</u> <u>Date</u>