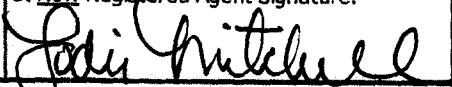
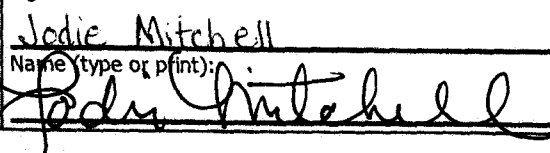


No. W 137205	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			1. Mailing Address: Correct in this box if needed. CCC FIELD SERVICES, LLC JODIE MITCHELL 3111 SOUTHSIDE BLVD 5330 Green Valley Place NAMPA ID 83686		JOSEPH D KLAMT 2851 W MARBETH CT MERIDIAN ID 83642-4937 Jodie Mitchell 5330 Green Valley Pl. Nampa ID 83686																																		
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jodie Mitchell</td> <td>5330 Green Valley Pl.</td> <td>Nampa ID</td> <td>USA</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> 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"/>	Jodie Mitchell	5330 Green Valley Pl.	Nampa ID	USA		83686	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 137205		6. Signature:  Name (type or print):			Date: 8/15/16 Title: Owner																																		

Issued 08/08/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM