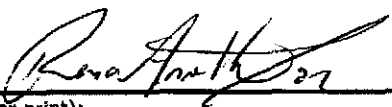
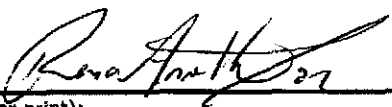
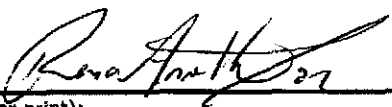


No. W 140228	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL J WHYTE 2635 CHANNING WAY IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EKLIPSE RENTALS LLC 424 E FIRST ST #1708 PORT ANGELES WA 98362		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>RENA A JONES</td> <td>424 E. FIRST ST. #1708</td> <td>PORT ANGELES</td> <td>WA</td> <td>USA</td> <td>98362</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JANET M. FLESHER</td> <td>424 E. FIRST STREET #1708</td> <td>PORT ANGELES</td> <td>WA</td> <td>USA</td> <td>98362</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"/>	RENA A JONES	424 E. FIRST ST. #1708	PORT ANGELES	WA	USA	98362	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JANET M. FLESHER	424 E. FIRST STREET #1708	PORT ANGELES	WA	USA	98362	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: <div style="text-align: center;"> IDAHO W 140228 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>12-1-17</u> </td> </tr> <tr> <td> Name (type or print): <u>RENA A. JONES</u> </td> <td> Title: <u>MEMBER</u> </td> </tr> </table>		Signature: 	Date: <u>12-1-17</u>	Name (type or print): <u>RENA A. JONES</u>	Title: <u>MEMBER</u>																															
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