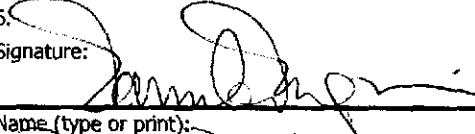


No. W 142064	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) PAMELA PUGMIRE 9998 W. PETTIT CT. STAR ID 83669																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PUGMIRE ENTERPRISES, LLC PAMELA PUGMIRE 1099 S WELLS ST STE 200 MERIDIAN ID 83642																																					
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Pamela Pugmire</td> <td>9998 W. PETTIT CT.</td> <td>Star</td> <td>ID</td> <td>USA</td> <td>83669</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Pamela Pugmire	9998 W. PETTIT CT.	Star	ID	USA	83669	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 142064		6. Signature:  Name (type or print): <u>Pamela Pugmire</u> Date: <u>12/29/17</u> Title: _____																																				