

<p>No. W 129579</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) GEOFF MCLACHLAN 3173 N 10TH PL COEUR D ALENE ID 83815</p>																																					
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. GEOFF MCLACHLAN L.L.C. GEOFF MCLACHLAN 3173 N 10TH PL COEUR D ALENE ID 83815</p>		<p>3. <u>New</u> Registered Agent Signature. _____</p>																																					
<p>REINSTATEMENT FEE DUE: \$30.00</p>																																								
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:15%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Geoffrey McLachlan</td> <td>3173 N. 10th PL Coeur d Alene</td> <td>ID</td> <td></td> <td>USA</td> <td>83815</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"/>	Geoffrey McLachlan	3173 N. 10 th PL Coeur d Alene	ID		USA	83815	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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<p>5. Organized Under the Laws of:</p> <p style="text-align: center; font-size: 1.2em;">IDAHO W 129579</p>	<p>6.</p> <table style="width:100%;"> <tr> <td style="width:50%;">Signature:</td> <td style="width:50%;">Date:</td> </tr> <tr> <td></td> <td>1/10/16</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>Geoffrey McLach</td> <td>Manager</td> </tr> </table>					Signature:	Date:		1/10/16	Name (type or print):	Title:	Geoffrey McLach	Manager																											
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