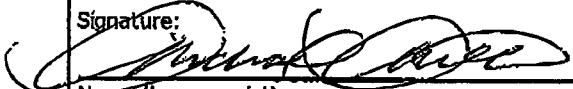


<b>No. W 120625</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014</b>  <b>1. Mailing Address; Correct in this box if needed.</b> LAST STAND SURVIVAL SHOP, LLC (THE) 148 BLUE LAKES BLVD N #332 TWIN FALLS ID 83301	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> TIFFANY N ZIMMERMAN 148 BLUE LAKES BLVD N #332 TWIN FALLS ID 83301  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael R. Mills,</td> <td>148 Blue Lakes Blvd. N., #332,</td> <td>Twin Falls,</td> <td>Idaho</td> <td>USA</td> <td>83301</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"/>	Michael R. Mills,	148 Blue Lakes Blvd. N., #332,	Twin Falls,	Idaho	USA	83301	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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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 120625</div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature:             Name (type or print):  <div style="border-bottom: 1px solid black; padding: 2px 0;">MICHAEL MILLS</div> </div> <div style="width: 35%;">           Date:  <div style="border-bottom: 1px solid black; padding: 2px 0;">2-26-16</div>           Title:  <div style="border-bottom: 1px solid black; padding: 2px 0;">OWNER</div> </div> </div>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**