

No. W 129617	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) ELEVEN-FOURTEEN INC 608 NW BLVD STE 300 COEUR D ALENE ID 83814
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. PJ3, LLC PATRICIA A HAGER PO BOX 25 SPIRIT LAKE ID 83869		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	PATRICIA A HAGER	6271 N 4 th ST	DALTON GARDENS	ID		83815
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JAME E. HAGER	"	"	"		"
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JARED W HAGER	"	"	"		"
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JASON J. HAGER	PO Box 25, Spirit Lake, ID 83869	USA			

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 129617</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Patricia A. Hager</u> </td> <td style="width: 40%;"> Date: <u>01-24-18</u> </td> </tr> <tr> <td> Name (type or print): <u>PATRICIA A. HAGER</u> </td> <td> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: <u>Patricia A. Hager</u>	Date: <u>01-24-18</u>	Name (type or print): <u>PATRICIA A. HAGER</u>	Title: <u>MEMBER</u>
Signature: <u>Patricia A. Hager</u>	Date: <u>01-24-18</u>				
Name (type or print): <u>PATRICIA A. HAGER</u>	Title: <u>MEMBER</u>				