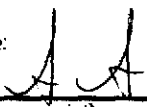


No. W 154566	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) SHANE A STROM 8961 N FITZUE DR HAYDEN ID 83835-8383
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MASTER DRAFT LLC SHANE A STROM 8961 N FITZUE DR HAYDEN ID 83835		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	SHANE STROM	8961 N. FITZUE DR.	HAYDEN ID USA 83835
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
IDAHO W 154566		Signature: 	Date: 3/16/2018
		Name (type or print): SHANE STROM	Title: MANAGER
Issued 03/15/2018 by online			