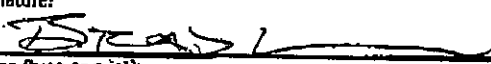
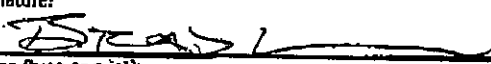
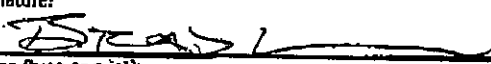


No. W 105405		Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) BRADLEY VAL KOSTER 560 10TH ST IDAHO FALLS ID 83404																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROCK BOTTOM LLC 560 10TH ST IDAHO FALLS ID 83404		3. New Registered Agent Signature:																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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 ☒ Member ☒</td><td>Bradley Val Koster</td><td>560 10th St</td><td>Idaho Falls</td><td>ID</td><td>US</td><td>83404</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☒ Member ☒	Bradley Val Koster	560 10th St	Idaho Falls	ID	US	83404	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager ☒ Member ☒	Bradley Val Koster	560 10th St	Idaho Falls	ID	US	83404																																		
Manager ☐ Member ☐																																								
Manager ☐ Member ☐																																								
Manager ☐ Member ☐																																								
5. Organized Under the Laws of: IDAHO W 105405		6. <table border="1"><tr><td>Signature: </td><td>Date: 11-28-12</td></tr><tr><td>Name (type or print): Bradley Val Koster</td><td>Title: owner/manager</td></tr></table>				Signature: 	Date: 11-28-12	Name (type or print): Bradley Val Koster	Title: owner/manager																															
Signature: 	Date: 11-28-12																																							
Name (type or print): Bradley Val Koster	Title: owner/manager																																							
Issued 11/26/2012 by CLH																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM