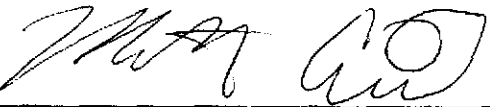


No. W 157536	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018		2. Registered Agent and Office (NOT A P.O. BOX) MATT ARRIOLA 928 W MAIN ST BOISE ID 83702-9002
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SNAKE RIVER TATTOO LLC MATT ARRIOLA 928 W MAIN ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.

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"/>	Michael Arriola	928 W Main St	Boise	ID		83702
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 157536 </div>	6. Signature:  Date: <u>01/26/18</u> Name (type or print): <u>MICHAEL MATTHEW ARRIOLA</u> Title: <u>OWNER</u>
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Issued 01/26/2018 by online