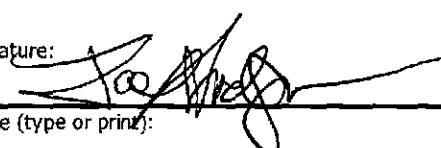


No. W 135198 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017 1. Mailing Address: Correct in this box if needed. TACTICAL EXPORT STRATEGIES, LLC JOSEPH M ANDERSON 1844 W CLAIRE DR MERIDIAN ID 83646 Miles S Hyndman 613 N Midland Blvd Nampa, ID 83651	2. Registered Agent and Office (NOT A P.O. BOX) MILES S HYNDMAN 613 N MIDLAND BLVD NAMPA ID 83651 3. New Registered Agent Signature.																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joseph M Anderson</td> <td>1844 W Claire Dr</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Miles S Hyndman</td> <td>18520 11th Ave N</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83687</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Joseph M Anderson	1844 W Claire Dr	Nampa	ID	USA	83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Miles S Hyndman	18520 11th Ave N	Nampa	ID	USA	83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>												
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joseph M Anderson	1844 W Claire Dr	Nampa	ID	USA	83646																																			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Miles S Hyndman	18520 11th Ave N	Nampa	ID	USA	83687																																			
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 135198 </div>	6. Signature:  <hr/> Name (type or print): Joseph M Anderson <hr/> <div style="text-align: right;"> Date: <u>7/31/2017</u> Title: <u>Member</u> </div>																																								
Issued 07/14/2017 by online																																									

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, letters sent and mailed in the correct address. Member To receive & know what the