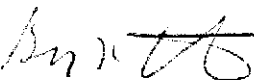


No. W 33361	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2006		2. Registered Agent and Office (NOT A P.O. BOX) TAMARA C WILLIAMS 220 N 70 E MALAD ID 83252
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DOGPATCH, L.L.C. TAMARA C WILLIAMS 220 N 70 E MALAD ID 83252		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"/> Klean Max Brown 210 N. Mall Dr #40 ST. George, ut. 84790			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Gregg Christofferson 691 E Vine St #0 Murray ut. 84107			
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 33361</div>		6. Signature:  <hr/> Name (type or print): <u>Gregg M Christofferson</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>5/31/16</u> <hr/> Title: <u>manager</u> <hr/> </div> </div>	
Issued 05/18/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM