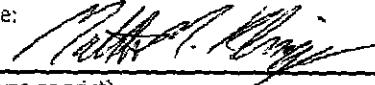


No. W 151598		Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW M KLINGER 3040 N WOLVERINE AVE MERIDIAN ID 83646	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPL CONSULTING FIRM LLC MATTHEW M KLINGER 3040 N WOLVERINE AVE MERIDIAN ID 83646		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>Matthew Klinger</i>	Street or PO Address <i>3040 N. Wolverine Ave</i>	City <i>Meridian</i>	State <i>ID</i>	Country <i>USA</i> Postal Code <i>83646</i>
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>Victoria Klinger</i>	Street or PO Address <i>3040 N. Wolverine Ave</i>	City <i>Meridian</i>	State <i>ID</i>	Country <i>USA</i> Postal Code <i>83646</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 151598		6. Signature:  Name (type or print): <i>Matthew M. Klinger</i>			
		Date: <i>5-2-18</i>			
		Title: <i>Owner</i>			

Issued 04/24/2018 by online