


No. W 151598 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 08/31/2016 1. Mailing Address: Correct in this box if needed. SPL CONSULTING FIRM LLC MATTHEW M KLINGER 3040 N WOLVERINE AVE MERIDIAN ID 83646	2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW M KLINGER 3040 N WOLVERINE AVE MERIDIAN ID 83646 3. New Registered Agent Signature.																																			
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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MATTHEW KLINGER</td> <td>3040 N. WOLVERINE AVE</td> <td>MERIDIAN</td> <td>ID</td> <td>USA</td> <td>83646</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>VICTORIA KLINGER</td> <td>3040 N. WOLVERINE AVE</td> <td>MERIDIAN</td> <td>ID</td> <td>USA</td> <td>83646</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MATTHEW KLINGER	3040 N. WOLVERINE AVE	MERIDIAN	ID	USA	83646	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	VICTORIA KLINGER	3040 N. WOLVERINE AVE	MERIDIAN	ID	USA	83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 151598	6. Signature:  Date: <u>5-2-18</u> Name (type or print): <u>MATTHEW M. KLINGER</u> Title: <u>OWNER</u>																																				

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