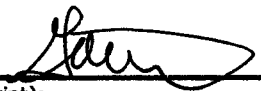


No. W 95716	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) GALE P ELSTON PC 10793 E HAYDEN LAKE RD HAYDEN LAKE ID 83835
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GALE, MATTIE AND KIKI ELSTON, LLC GALE ELSTON 599 E 7TH ST 1K BROOKLYN NY 11218		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 type="checkbox"/>	Gale Elston	599 E 7th St 1K	Brooklyn	NY	US	11218
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 95716 </div>	6. Signature:  <hr/> Name (type or print): <div style="text-align: center; font-size: 1.2em;">Gale Elston</div>	Date: <u>12/11/15</u> <hr/> Title: <div style="text-align: center; font-size: 1.2em;">managing member</div>
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Issued 11/30/2015 by online