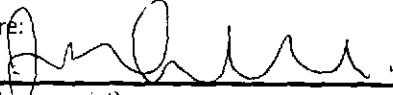


No. W 132578	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) JOHN CALDWELL 479 MAIN ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NATIVE GOOD L.L.C. JOHN CALDWELL 479 MAIN ST BOISE ID 83702		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 checked="" type="checkbox"/> Member <input type="checkbox"/> JOHN CALDWELL 2313 N. 27 TH BOISE ID ADA 83702			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> ROBERT CALDWELL 479 MAIN ST BOISE ID ADA 83702			
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; font-size: 1.2em;"> IDAHO W 132578 </div>		6. Signature:  <hr/> Name (type or print): <u>JOHN CALDWELL</u> <hr/> <div style="text-align: right;"> Date: <u>07.15.15</u> <hr/> Title: <u>MANAGER</u> </div>	
Issued 07/15/2015 by CLH			

INSTRUCTIONS FOR THE ANNUAL REPORT FORM