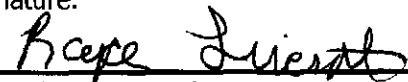
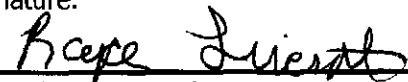
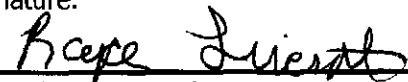


No. <b>W 122941</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/23/2016</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KATIE LIVERMONT 711 VASSAR WY IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		

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"/>	ROYCE LIVERMONT	7415 S 15 W	IDAHO FALLS	ID		83402
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:  <b>IDAHO</b> <b>W 122941</b>	6. <table border="0"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td><u>10-17-2016</u></td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td><u>ROYCE LIVERMONT</u></td> <td><u>MANAGER</u></td> </tr> </table>	Signature:	Date:		<u>10-17-2016</u>	Name (type or print):	Title:	<u>ROYCE LIVERMONT</u>	<u>MANAGER</u>
Signature:	Date:								
	<u>10-17-2016</u>								
Name (type or print):	Title:								
<u>ROYCE LIVERMONT</u>	<u>MANAGER</u>								