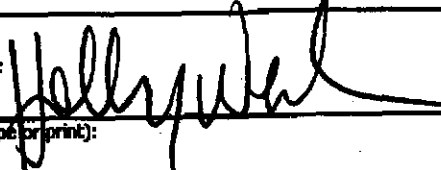


No. W 104274	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALPHA KENNY 1 LLC HUNTER VOGEL 450 N 4th Street POB 7130 KETCHUM ID 83340		UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA 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 ☐ Member ☒</td> <td>HUNTER VOGEL</td> <td>POB 7130</td> <td>KETCHUM</td> <td>ID</td> <td></td> <td>83340</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>ANDREW LEWNER</td> <td>POB 7130</td> <td>KETCHUM</td> <td>ID</td> <td></td> <td>83340</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	HUNTER VOGEL	POB 7130	KETCHUM	ID		83340	Manager ☐ Member ☒	ANDREW LEWNER	POB 7130	KETCHUM	ID		83340	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 104274		6. Signature:  Name (type or print): _____ Date: 01/19/12 Title: _____																																				

Issued 10/01/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM