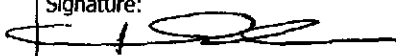


No. W 31118	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) MIKE BENDIG 32225 KELSO DR SPIRIT LAKE ID 83869																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KNIGHTHAWKE SECURITY LTD MIKE BENDIG 2900 GOVERNMENT WAY #130 COEUR D ALENE ID 83815		3. <u>New</u> 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>TARA CARRICK</td> <td>166 N Silkwood DR</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Mitch CARRICK</td> <td>166 N Silkwood DR</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Mike BENDIG</td> <td>PO BOX 513</td> <td>ATHOL</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>DEBBIE BENDIG</td> <td>PO Box 513</td> <td>Athol</td> <td>ID</td> <td></td> <td>83854</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	TARA CARRICK	166 N Silkwood DR	Post Falls	ID		83854	Manager ☐ Member ☒	Mitch CARRICK	166 N Silkwood DR	Post Falls	ID		83854	Manager ☐ Member ☒	Mike BENDIG	PO BOX 513	ATHOL	ID		83854	Manager ☐ Member ☒	DEBBIE BENDIG	PO Box 513	Athol	ID		83854
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5. Organized Under the Laws of: IDAHO W 31118		6. Signature:  Name (type or print): <u>TARA CARRICK</u> Date: <u>10/10/16</u> Title: <u>PRESIDENT</u>																																				
Issued 10/10/2016 by online																																						