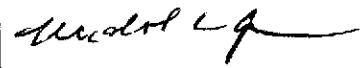
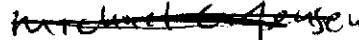
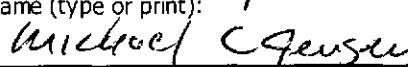


No. W 41975	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011					2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  MC JENSEN & ASSOCIATES, LLC <del>218 EAST 2ND SOUTH</del> 171 College Ave. REXBURG ID 83440					MIKE JENSEN 218 EAST 2ND SOUTH REXBURG ID 83440 171 College Ave.
<b>REINSTATEMENT FEE</b> <b>DU<del>E</del>: \$30.00</b>						3. New Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	 Mike Jensen 171 college ave Rexburg Id. USA					83440
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:		6.				
IDAHO W 41975		Signature: 				
		Name (type or print): 				
		Date: 9-21-16				
		Title: Owner				

Issued 09/21/2016 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM