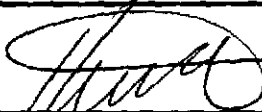
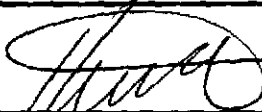
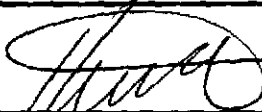


No. W 106244	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) ED GUERRICABETTA 199 N CAPITOL BLVD STE 600 BOISE ID 83701 Kirk Moore 5304 W. Hill Rd Boise, ID 83703																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SHARON PISONE FAMILY, LLC 5490 N CITADEL WY BOISE ID 83703 5304 W. Hill Rd Boise, ID 83703																																					
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>Kirk Moore</td> <td>5304 W Hill Rd</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83703</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Sheila Moore</td> <td>5304 W Hill Rd</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83703</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 ☒	Kirk Moore	5304 W Hill Rd	Boise	ID	Ada	83703	Manager ☐ Member ☒	Sheila Moore	5304 W Hill Rd	Boise	ID	Ada	83703	Manager ☐ Member ☐							Manager ☐ Member ☐						
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