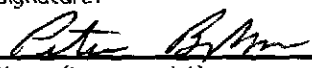
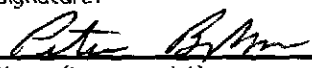
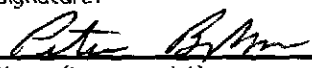


No. W 39723	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2008		2. Registered Agent and Office (NOT A P.O. BOX) PETER BOKMA 822 FRONT AVE COEUR D'ALENE ID 83814 1912 CANYON DRIVE COEUR D'ALENE, ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. COEUR DESIGN, LLC 822 FRONT AVE COEUR D'ALENE ID 83814 1912 CANYON DRIVE 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.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	PETER BOKMA	1912 CANYON DR.	COEUR D'ALENE, ID,	USA		83815
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 39723 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): PETER BOKMA </td> <td style="width: 40%;"> Date: 4/13/2015 Title: MANAGER </td> </tr> </table>	Signature:  Name (type or print): PETER BOKMA	Date: 4/13/2015 Title: MANAGER
Signature:  Name (type or print): PETER BOKMA	Date: 4/13/2015 Title: MANAGER		

Issued 04/10/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM