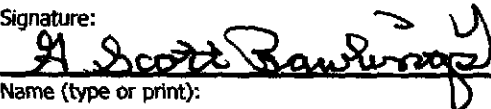


No. W 56555	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT RAWLINGS 135 N 3RD E PRESTON ID 83263																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 02/10/2015 1. Mailing Address: Correct in this box if needed. R P PROPERTIES, LLC MICHAEL RAWLINGS 375 W ONEIDA 135 North 3rd East PRESTON ID 83263 USA																																					
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>SCOTT Rawlings</td> <td>135 N 3rd E</td> <td>Preston</td> <td>ID.</td> <td>USA</td> <td>83263</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ruth Kae Rawlings</td> <td>135 N 3rd E</td> <td>Preston</td> <td>ID.</td> <td>USA</td> <td>83263</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SCOTT Rawlings	135 N 3rd E	Preston	ID.	USA	83263	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ruth Kae Rawlings	135 N 3rd E	Preston	ID.	USA	83263	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 56555		6. Signature:  Name (type or print): Date: 3-15-15 Title:																																				