

No. W 126514	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT L MITCHELL 150 HYNDMAN VIEW DRIVE HAILEY ID 83333																																			
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. MITCHELL FAMILY PROPERTIES, LLC ROBERT L MITCHELL 150 HYNDMAN VIEW DRIVE HAILEY ID 83333																																		
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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert L. Mitchell</td> <td>150 Hyndman View Dr.</td> <td>Hailey</td> <td>ID</td> <td></td> <td>83333</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> <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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert L. Mitchell	150 Hyndman View Dr.	Hailey	ID		83333	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 126514		6. Signature: <u>RL Mitchell</u> Date: <u>1/15/16</u> Name (type or print): <u>Robert L. Mitchell</u> Title: <u>President</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM