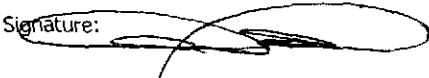


No. W 25763	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) DON E MILLER 1912 N 17TH ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MONTANA PROPERTIES, LLC DON E MILLER 1912 N 17TH ST BOISE ID 83702		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"/> <u>DON E MILLER</u> <u>1912 N 17TH ST</u> <u>BOI</u> <u>ID</u> <u>USA</u> <u>83702</u>			
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-weight: bold; font-size: large;"> IDAHO W 25763 </div>		6. Signature:  <hr/> Name (type or print): <u>DON E MILLER</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Date: <u>3/14/16</u> Title: <u>TLB</u> </div> </div>	
Issued 03/21/2016 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the