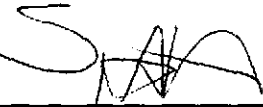


No. <b>W 36435</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IDAHO FAMILY HOLDINGS, LLC STEPHEN A BARBEY <del>PO BOX 133</del> <del>EAGLE ID 83616</del> <b>560 East State Street Eagle, ID 83616</b>		STEPHEN A BARBEY <del>667 RIVERSHORE LN STE 200</del> <del>EAGLE ID 83616</del> <b>560 East State St. Eagle, ID 83616</b>																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Stephen Barbey</td> <td>560 East State Street</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Stephen Barbey	560 East State Street	Eagle	ID		83616	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:  <b>IDAHO W 36435</b>	6. Signature:  Date: <u>1-30-17</u> Name (type or print): <u>Stephen Barbey</u> Title: <u>Member</u>																																					

Issued 01/30/2017 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**