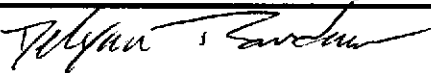


No. W 102585	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) DELYNN RANDALL 5145 E REDONDA CIR IDAHO FALLS ID 83406																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. UNITY INVESTMENTS, LLC DELYNN RANDALL PO BOX 50843 IDAHO FALLS ID 83405		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Delynn Randall</td> <td>1111 PO Box 50843</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83405</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lowell Randall</td> <td></td> <td></td> <td></td> <td>Bonneville county</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 type="checkbox"/>	Delynn Randall	1111 PO Box 50843	Idaho Falls	ID		83405	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lowell Randall				Bonneville county		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: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 102585</div>	6.  Signature: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Name (type or print): <u>Delynn Randall</u> </div> <div> Date: <u>8-28-17</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Title: <u>Manager</u> </div> </div>																																					
Issued 08/25/2017 by online																																						