

No. W 8530	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN P ZOLLINGER 707 ENGLEMAN ST REXBURG ID 83440							
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. ZOCO PROPERTIES, L.L.C. STEPHEN P ZOLLINGER 707 ENGLEMAN ST REXBURG ID 83440 USA		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Stephen Zollinger, 707 Engleman, Rexburg, ID, Madison, 83440									
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carolyn Zollinger, 707 Engleman, Rexburg, ID, Madison, 83440									
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-size: large;"> IDAHO W 8530 </div>		6. Signature: <u>Stephen Zollinger</u> Name (type or print): <u>Stephen Zollinger</u>		Date: <u>10/15/12</u> Title: <u>Manager</u>						

Issued 09/28/2012 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM