14/ E7E00 D.: 1.	
No. W 57599 Return to: Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014 2. Registered Agent and Office (NOT A P.O. BOX)	
1 LEU YASINSKI	
SECRETARY OF STATE 1. Mailing Address: Correct in this box if needed. 11291 W. RIVER RD	
450 N 4th STREET LEAL HOLDINGS LLC CALDWELL ID 83607	
PO BOX 83720 BOISE, ID 83720-0080 LEO YASINSKI	
11291 W. RIVER RD	
CALDWELL ID 83607	
REINSTATEMENT FEE 3. New Registered Agent Signature	.
DUE: \$30.00	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.	
Manager of Member Neme General and All and a	
. State Country Postal C	
Manager Member Leo Yasinski 11291 NR, verkd Coldwell ID Capyon 83607	
Manager Member Loven Yasinsk. 16753 Midway Rd Caldwell ID Capyon 83607 Manager Member Loven Yasinsk. 16753 Midway Rd Nampa IO Conyon 83651	
Manager Member —	
Manager Member	
5. Organized Under the Laws of: 6.	
Signature: / Date: /	,
IDAHO Locen Vasinski Date: 03/2	2/11
W 5/599 None ()	<u> </u>
Name (type of print):	1
- John Johnson Office	<i>3114</i> I

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM