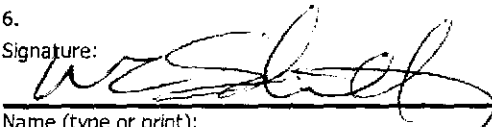


| No. W 111520 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM C SCHULTZ 8100 W MARIGOLD ST 141 N Palmetto #140762 #1845 BOISE ID 83714 Eagle, ID 83616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|-------------------|-------------|-------|----|-----|-------|---|-------------------|-----------------|-------|----|-----|-------|---|---------------------|-----------------|-------|----|-----|-------|--|--|--|--|--|--|--|
| 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. 729, LLC WILLIAM C SCHULTZ 8100 W MARIGOLD ST 141 N Palmetto #140762 #1845 BOISE ID 83714 Eagle, ID 83616 | | 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;"> <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: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>William C Schultz</td> <td>PO Box 1845</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gerald T Robinson</td> <td>1229 E Hereford</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Marianne E Robinson</td> <td>1229 E Hereford</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></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"/> | William C Schultz | PO Box 1845 | Eagle | ID | USA | 83616 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Gerald T Robinson | 1229 E Hereford | Eagle | ID | USA | 83616 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Marianne E Robinson | 1229 E Hereford | Eagle | ID | USA | 83616 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | William C Schultz | PO Box 1845 | Eagle | ID | USA | 83616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 111520 </div> | | 6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): William C Schultz </div> <div style="width: 35%;"> Date: 6/14/2016 <hr/> Title: Member </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 06/14/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM