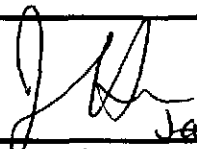


No. W 14808	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) RAY P STRATFORD 3896 N BUFFALO RD ISLAND PARK ID 83429																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LJS FAMILY LLC TIMOTHY P STRATFORD 984 DOVER DR <u>11186 N Tamarack Dr</u> PROVO UT 84604 <u>Highland, UT 84003</u>		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: 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>Tim Stratford</td> <td>984 Dover Dr</td> <td>Provo</td> <td>UT</td> <td>USA</td> <td>84604</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jaime Holmes</td> <td>11186 N Tamarack Dr</td> <td>Highland</td> <td>UT</td> <td>USA</td> <td>84003</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"/>	Tim Stratford	984 Dover Dr	Provo	UT	USA	84604	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jaime Holmes	11186 N Tamarack Dr	Highland	UT	USA	84003	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-size: 1.2em;"> IDAHO W 14808 </div>	6. Signature:  <hr/> Name (type or print): <u>Jaime Holmes</u> <hr/> <div style="float: right; text-align: right;"> Date: <u>6-23-15</u> <hr/> Title: <u>manager</u> <hr/> </div>																																					
Issued 06/23/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM