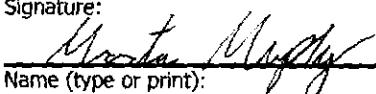
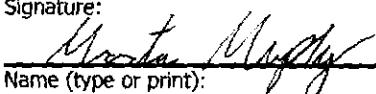
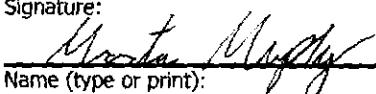


No. W 130324	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) MARTIN MURPHY 364W 160N BLACKFOOT ID 83221
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MURAN LLC 364W 160N BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARTIN MURPHY	2433 NE 23 RD AVE	Payette	ID		83661
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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;"> IDAHO W 130324 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 4-17-15 </td> </tr> <tr> <td> Name (type or print): MARTIN MURPHY </td> <td> Title: OWNER </td> </tr> </table>	Signature: 	Date: 4-17-15	Name (type or print): MARTIN MURPHY	Title: OWNER
Signature: 	Date: 4-17-15				
Name (type or print): MARTIN MURPHY	Title: OWNER				

Issued 04/15/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM