

No. W 109983	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018		2. Registered Agent and Office (NOT A P.O. BOX) RYAN R SHIPPEN 763 N 3500 E MENAN ID 83434
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. SHIPPEN LANDS LLC RYAN R SHIPPEN 763 N 3500 E MENAN ID 83434		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Lorna Shippen 763 N 3500 E Menan ID USA 83434		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ryan R. Shippen 763 N 3500 E " " " "		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sherria Shippen 763 N 3500 E " " " "		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 109983 </div>		6. Signature: <u>Lorna Shippen</u> Date: <u>5/24/18</u> Name (type or print): <u>Lorna Shippen</u> Title: <u>member</u>	
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