

No. W 49820	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CONKLIN PROPERTY MANAGEMENT, LLC JAKE CONKLIN 6933 EMERALD ST BOISE ID 83704		JAKE CONKLIN 6223 N DISCOVERY WAY STE 100 BOISE ID 83713 6933 Emerald St - Boise, ID 83704																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Jake Conklin</td> <td>11347 W. Dulles Ct</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Jake Conklin	11347 W. Dulles Ct	Boise	ID	USA	83713	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 49820		6. Signature: <i>Jake T. Conklin</i> Date: <i>6/8/12</i> Name (type or print): <i>Jake T. Conklin</i> Title: <i>Mgr</i>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM