

| No. W 100171 | | Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013 | | 2. Registered Agent and Office (NOT A P.O. BOX) MIKE PASKETT 4182 W BRAVEHEART LN EAGLE ID 83616 Preston Peterson 1183 N. Meadowstream Pl. Star, ID 83669 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|--|------|--|---------|-------------------|------|----------------------|------|-------|---------|-------------|---|------------------|--------------------------|------|-----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. PREMAR82 LLC 4182 W BRAVEHEART LN EAGLE ID 83616 USA 1183 N. MEADOWSTREAM PL STAR, ID 83669 | | 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Preston Peterson</td> <td>1183 N. Meadowstream Pl.</td> <td>STAR</td> <td>IDA</td> <td>USA</td> <td>83669</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> <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"/> | Preston Peterson | 1183 N. Meadowstream Pl. | STAR | IDA | USA | 83669 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Preston Peterson | 1183 N. Meadowstream Pl. | STAR | IDA | USA | 83669 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 100171 | | 6. Signature:  Name (type or print): Preston Peterson Date: 11/25/14 Title: Managing Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |