FILED EFFECTIVE

No. W 18013	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	ADMIN DISSOLVED 05/08/2003	MARK T WARREN
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WARREN MISSOULA, LLC -21 BATH ST -SANTA BARBARA CA 93101	575 RIVER PARKWAY IDAHO FALLS ID 83402
reinstatement fee due: \$30.00	426 Barcellus Ave., Ste. 200 Santa Maria, CA 93454	3. <u>New</u> Registered Agent Signature.
 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 Member Mark T. Warren 575 River Parkway Idaho Falls, ID 83402		
Manager□Member☑ Timothy P. Warren 1404 Marina Circle Davis, CA 95616		
Manager□Member☑ Jonathan H. Warren 1120 Prospect St. Ashland, OR 97520		
Manager□Member☑ Daniel E. Warren 426 Barcellus Ave., Santa Maria, CA 93454 Ste. 200		
5. Organized Under the Lav	ws of: 6.	
IDAHO	Signature: Waner	Date:
W 18013	Name (type or print):	Title:
	Daniel E. Warren	Member
Issued 07/06/2012 by PEH	*	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**