

No. W 36955 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011	2. Registered Agent and Office (NOT A P.O. BOX) KAYE M SPARKS 20346 S MAIN ST CAREY ID 83320 3. New Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. SPARKS 12 L.L.C. KAYE M SPARKS PO BOX 446 CAREY ID 83320 USA																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lisa Metcalf</td> <td>310 Lois St</td> <td>Twins Falls</td> <td>ID</td> <td>U.S.A.</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bryan Sparks</td> <td>20346 S. Main St</td> <td>Carey</td> <td>ID</td> <td>U.S.A.</td> <td>83320</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"/>	Lisa Metcalf	310 Lois St	Twins Falls	ID	U.S.A.	83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bryan Sparks	20346 S. Main St	Carey	ID	U.S.A.	83320	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO W 36955</div>	6. Signature: <u>Kaye Sparks</u> Name (type or print): <u>Kaye M. Sparks</u> Date: <u>3/13/14</u> Title: <u>Owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM