

FILED EFFECTIVE

No. W 97160	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KOH0 PROPERTIES LLC BETH CAGLE 17617 11TH AVE N EXT 19235 Top Rd NAMPA ID 83687 Greenleaf, ID 83626		BETH CAGLE 17617 11TH AVE N EXT NAMPA ID 83687 19235 Top Rd Greenleaf, ID 83626																																			
	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>Beth Cagle</td> <td>19235 Top Rd</td> <td>Greenleaf</td> <td></td> <td>Canyon</td> <td>83626 ID</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 ☒	Beth Cagle	19235 Top Rd	Greenleaf		Canyon	83626 ID	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 97160		6. Signature: <u>Beth Cagle</u> Name (type or print): <u>Beth Cagle</u> Date: <u>5/9/16</u> Title: <u>Member Owner</u>																																				