No. W 60909	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012	2. Registered Agent and Office (NOT A P.O. BOX) LUKINS & ANNIS PS 601 E FRONT AVE STE 502 COEUR D'ALENE ID 83814
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. LEAVITT-WOLFF ONE FRONT MANAGER, LLC ~~[illegible]~~ ~~[illegible]~~ ~~SEATTLE WA 98122~~ Brady M. Peterson 717 W. Sprague Avenue #1600 Spokane, WA 99201	3. New Registered Agent Signature.

4. 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 ☐	Goodleavitt One Front, LLC	202 Lake Washington Blvd,	Seattle	WA		98122
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 60909	[signature]	6/18/2012
	Name (type or print): THOMAS E. LEAVITT	Title: MANAGER

Issued 06/18/2012 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM