

No. W 83872	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) RANDY CLARK 811 25TH ST 611 23rd avenue LEWISTON ID 83501																																			
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. VINEYARD HOMES LLC PO BOX 1774 LEWISTON ID 83501		3. <u>New</u> 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 ☒ Member ☐</td> <td>Christina Clark</td> <td>611 23rd avenue</td> <td>Lewiston,</td> <td>ID.</td> <td>NPC</td> <td>83501</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 ☐	Christina Clark	611 23rd avenue	Lewiston,	ID.	NPC	83501	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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