
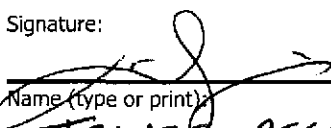


No. <b>W 88942</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> DESPAIN CUSTOM LANDSCAPES LLC TRAVIS DESPAIN 295 N 1ST E PRESTON ID 83263	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> <del>TRAVIS DESPAIN</del> <b>TRAVIS M. KUNTZ CPA PC</b> <del>295 N 1ST E</del> <b>19 S State St.</b> PRESTON ID 83263  <b>3. New Registered Agent Signature.</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TRAVIS DESPAIN</td> <td>295 N. 100 E</td> <td>PRESTON</td> <td>ID</td> <td>USA</td> <td>83263</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BETSY DESPAIN</td> <td>295 N. 100 E</td> <td>PRESTON</td> <td>ID</td> <td>USA</td> <td>83263</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	TRAVIS DESPAIN	295 N. 100 E	PRESTON	ID	USA	83263	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BETSY DESPAIN	295 N. 100 E	PRESTON	ID	USA	83263	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 88942</b>	<b>6.</b> Signature:  Name (type or print): <b>TRAVIS DESPAIN</b> Date: <b>12-01-2017</b> Title: <b>MEMBER</b>																																				

Issued 11/27/2017 by online

### 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