

No. W 43249	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX) KIMBERLY S KRAMER 28565 OLD FORT BOISE RD PARMA ID 83660
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. AUTUMN RIDGE, LLC. KIMBERLY S KRAMER 28565 OLD FORT BOISE RD PARMA ID 83660		3. <u>New</u> 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
	Timothy S. Kramer	28565 Old Fort Boise Rd	Parma, Id			83660
	Kimberly S. Kramer	"	"			"

5. Organized Under the Laws of: IDAHO W 43249	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">Signature: <u>Kimberly S. Kramer</u></td> <td style="width: 30%;">Date: <u>4/25/12</u></td> </tr> <tr> <td>Name (type or print): <u>Kimberly S. Kramer</u></td> <td>Title: <u>Manager</u></td> </tr> </table>	Signature: <u>Kimberly S. Kramer</u>	Date: <u>4/25/12</u>	Name (type or print): <u>Kimberly S. Kramer</u>	Title: <u>Manager</u>
Signature: <u>Kimberly S. Kramer</u>	Date: <u>4/25/12</u>				
Name (type or print): <u>Kimberly S. Kramer</u>	Title: <u>Manager</u>				

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