No. W 33318	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016	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	1. **Mailing Address: Correct in this box if needed.** LAZY EZ RANCH LLC MICHAEL J PARKINS 519 MARION ST. SANDPOINT ID 83864	MICHAEL A PARKINS 519 MARION ST. SANDPOINT ID 83864
REINSTATEMENT FEE **DUE:** $30.00		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 ☐	Michael Parkins	519 Marion Ave	Sandpoint	ID	USA	83864
Manager ☒ Member ☐	Wm. J. Bopp	206 Superior	Sandpoint	ID	USA	83864
Manager ☒ Member ☐	Shirley Masters	2570 Rodeo Ave	Pahrump	NV.	USA	89048
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 33318	Signature: Michael Parkins Date: 2-13-2017 Name (type or print): Michael J. Parkins Title: Manager

Issued 02/13/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM