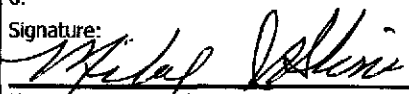
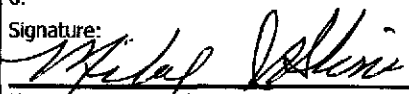
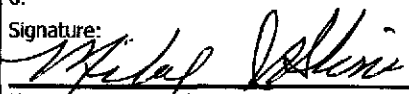


No. W 33318	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL A PARKINS 519 MARION ST. SANDPOINT ID 83864
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LAZY EZ RANCH LLC MICHAEL J PARKINS 519 MARION ST. SANDPOINT ID 83864		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	2510 RODEO AVE	PAHRUMP NV.	USA		89048
Manager ☐ Member ☐						

5. Organized Under the Laws of: IDAHO W 33318	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature:  Name (type or print): MICHAEL J. PARKINS </td> <td style="width: 40%;"> Date: 2-13-2017 Title: MANAGER </td> </tr> </table>	6. Signature:  Name (type or print): MICHAEL J. PARKINS	Date: 2-13-2017 Title: MANAGER
6. Signature:  Name (type or print): MICHAEL J. PARKINS	Date: 2-13-2017 Title: MANAGER		

Issued 02/13/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM