


No. <b>W 35485</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GARY B MULTANEN 6103 WINSTEAD PL BOISE ID 83704																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				1. <b>Mailing Address: Correct in this box if needed.</b> MULTANEN REAL ESTATE HOLDINGS, LLC GARY B MULTANEN 723 GARBER ST CALDWELL ID 83605																																		
3. <u>New</u> Registered Agent Signature.																																						
4. <b>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>Gary Multanen</td> <td>723 Garber</td> <td>Caldwell, ID</td> <td>Canyon</td> <td></td> <td>83605</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jay Multanen</td> <td>723 Garber</td> <td>Caldwell, ID</td> <td>Canyon</td> <td></td> <td>83605</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"/>	Gary Multanen	723 Garber	Caldwell, ID	Canyon		83605	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jay Multanen	723 Garber	Caldwell, ID	Canyon		83605	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 35485</b>		6. Signature:  Date: <u>4/10/14</u> Name (type or print): _____ Title: _____																																				