5/18/2017 W 132757

| No. W 132757 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 05/02/2017 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. **Mailing Address: Correct in this box if needed.**<br>SIGNATURE STAR HOMES, LLC<br>COLBY SHELMAN<br>~~467 CONSTITUTION WAY~~ P.O Box 3470<br>IDAHO FALLS ID ~~83402~~ 83403 | COLBY SHELMAN<br>~~3570 CHARLESTON CIRCLE~~ 772 E Kinsw<br>IDAHO FALLS ID 83404 |
| **REINSTATEMENT FEE**<br>**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 ☑ | Launie Shelman | 772 E Kinswood | IF | ID | USA | 83404 |
| Manager ☐ Member ☑ | Colby Shelman | 772 E Kinswood | IF | ID | USA | 83404 |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |

| 5. Organized Under the Laws of: | 6. Signature: | Date: |
|---|---|---|
| IDAHO<br>W 132757 | Name (type or print): Launie Shelman | Title: Member |

Issued 05/18/2017 by online