


No. W 20124 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011 1. Mailing Address: Correct in this box if needed. RP3, LLC ROBERT J PORTER III 1101 W RIVER ST., STE. 110 205 N Al Fresco Pl STE 110 Boise, ID 83712 BOISE ID 83702	2. Registered Agent and Office (NOT A P.O. BOX) ROBERT J PORTER III 1101 W. RIVER ST., STE. 110 BOISE ID 83702 205 N. Al Fresco Pl Boise, ID 83712 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robert J. Porter III</td> <td>205 N. Al Fresco Pl</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83712</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kristin C Porter</td> <td>205 N. Al Fresco Pl</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83712</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert J. Porter III	205 N. Al Fresco Pl	Boise	ID	Ada	83712	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kristin C Porter	205 N. Al Fresco Pl	Boise	ID	Ada	83712	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: <div style="text-align: center; font-weight: bold;">IDAHO W 20124</div>	6. Signature:  Date: 11/____/____ <hr/> Name (type or print): <u>Manager Robert J Porter III</u> Title: <u>Manager</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM