

No. W 77496	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) BRANDY B THOMAS 216 S MICHIGAN COUNCIL ID 83612																					
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. DOG PARK, LLC (THE) PO BOX 359 COUNCIL ID 83612																							
3. New Registered Agent Signature.																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 <u>Member</u> (circle one)</td> <td>Brandy Thomas</td> <td>PO Box 359 Council</td> <td>ID</td> <td>83612</td> <td>USA</td> <td></td> </tr> <tr> <td>member</td> <td>Robert G. Pringle</td> <td>PO Box 494 Council</td> <td>ID</td> <td>83612</td> <td>USA</td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <u>Member</u> (circle one)	Brandy Thomas	PO Box 359 Council	ID	83612	USA		member	Robert G. Pringle	PO Box 494 Council	ID	83612	USA	
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5. Organized Under the Laws of:		6.																						
IDAHO W 77496		Signature: <u>Brandy B Thomas</u> Date: <u>3/14/12</u> Name (type or print): <u>Brandy B. Thomas</u> Title: <u>owner operator</u>																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the