


<b>No. W 34558</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/10/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> DALE HUMPHREY <del>110 TAYLOR LANE</del> <i>445 Taylor Lane</i> ST MARIES ID 83861																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CR INVESTMENTS, LLC DALE D HUMPHREY <del>110 TAYLOR LANE</del> <i>PO Box 308</i> ST MARIES ID 83861		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Dale Humphrey</td> <td>PO Box 308</td> <td>St. Maries</td> <td>ID</td> <td>USA</td> <td>83861</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Darcy Humphrey</td> <td>PO Box 308</td> <td>St. Maries</td> <td>ID</td> <td>USA</td> <td>83861</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"/>	Dale Humphrey	PO Box 308	St. Maries	ID	USA	83861	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Darcy Humphrey	PO Box 308	St. Maries	ID	USA	83861	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 34558</b>		<b>6.</b> Signature:  Date: <i>6/8/15</i> Name (type or print): <i>Dale Humphrey</i> Title: <i>Manager</i>																																				
Issued 06/03/2015 by online																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**