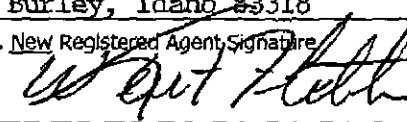



W 26148

Page 1 of 4

| No. W 26148 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009 | | 2. Registered Agent and Office (NOT A P.O. BOX) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-------------------|---------|----------------------|------|-------|---------|-------------|---|-----------------------|------------------|-----------|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. MS INVESTMENTS, LLC 3000 DONALD ST c/o P.O. Box 248 BURLEY ID 83318 | MAHESH SHAH 3000 DONALD ST BURLEY ID 83318 W. Kent Fletcher 1200 Overland Avenue Burley, Idaho 83318 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Estate of Mahesh Shah</td> <td>c/o P.O. Box 248</td> <td>Burley ID</td> <td>USA</td> <td></td> <td>83318</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> <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"/> | Estate of Mahesh Shah | c/o P.O. Box 248 | Burley ID | USA | | 83318 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Estate of Mahesh Shah | c/o P.O. Box 248 | Burley ID | USA | | 83318 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 26148 | 6. Signature:  Date: 5-4-16 Name (type or print): Ramesh Shah Title: Personal Representative of Member Administrator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 05/03/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM