




No. W 131402	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS DESHAZO 942 W MYRTLE ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CASTLE CREEK RANCH, LLC PO BOX 1001 BOISE ID 83701		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	THOMAS DESHAZO	P.O. BOX 1001	BOISE	ID	ADA	83701
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	COLIN BURN	P.O. BOX 930	RAROTONGA		COOK ISLANDS	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	NATASHA RAY	P.O. BOX 1001	BOISE, ID	ADA		83701
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 131402</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 3-10-2015 </td> </tr> <tr> <td> Name (type or print): <u>THOMAS DESHAZO</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: 	Date: 3-10-2015	Name (type or print): <u>THOMAS DESHAZO</u>	Title: <u>MANAGER</u>
Signature: 	Date: 3-10-2015				
Name (type or print): <u>THOMAS DESHAZO</u>	Title: <u>MANAGER</u>				

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