

No. W 1	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		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. CSHQA INVESTMENTS, L.C. OTIS LEMMON / % CSHQA ARCHITECTS CAPA 250 S 5TH ST 200 BROAD ST. BOISE ID 83702		OTIS W LEMMON JEFFREY A. SHNEIDER 250 S 5TH ST BOISE ID 83702 200 BROAD ST. 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JEFFREY A. SHNEIDER</td> <td>200 BROAD ST.</td> <td>BOISE, ID</td> <td>10</td> <td></td> <td>83702</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>OTIS LEMMON</td> <td>818 E. MULLAN AVE</td> <td>COEUR D'ALENE</td> <td>10.</td> <td></td> <td>83814</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"/>	JEFFREY A. SHNEIDER	200 BROAD ST.	BOISE, ID	10		83702	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	OTIS LEMMON	818 E. MULLAN AVE	COEUR D'ALENE	10.		83814	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: IDAHO W 1	6. Signature:  Name (type or print): JEFFREY A. SHNEIDER			Date: 18 JUL 13 Title: MANAGER																																		