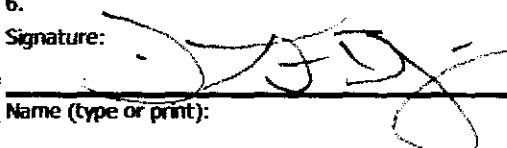


No. W 161337	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX)										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SUN & LOTUS LIFE DEVELOPMENT LLC DAREN TRENT BRIGGS 1194 SHENANDOAH DR BOISE ID 83712 <i>4819 W Edson ST BOISE ID 83705</i>		DAREN TRENT BRIGGS 1194 SHENANDOAH DR BOISE ID 83712 <i>4819 W Edson ST BOISE ID 83705</i>										
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.													
Manager or Member Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<table border="1"> <thead> <tr> <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>D. Trent Briggs</td> <td>4819 W Edson St</td> <td>Boise</td> <td>ID</td> <td></td> <td>83705</td> </tr> </tbody> </table>	Name	Street or PO Address	City	State	Country	Postal Code	D. Trent Briggs	4819 W Edson St	Boise	ID		83705
Name	Street or PO Address	City	State	Country	Postal Code								
D. Trent Briggs	4819 W Edson St	Boise	ID		83705								
5. Organized Under the Laws of: IDAHO W 161337	6. Signature:  Name (type or print): _____ Date: <u>6.7.17</u> Title: _____												