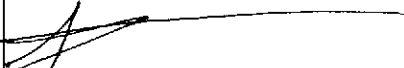
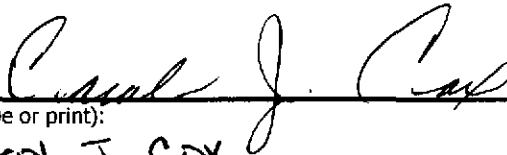


No. W 40894	Reinstatement Annual Report Form ADMIN DISSOLVED 05/18/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CURTIS ROAD II, LLC IDAHO ESTATE PLANNING PC 453 S FITNESS PLAZA EAGLE ID 83616		Need to Appoint Idaho Estate Planning PC 453 S. Fitness Plaza Eagle, ID 83616 3. <u>New Registered Agent Signature.</u> 																																			
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>Jay and Carol COX Living Trust</td> <td>799 Klamath Ave. N</td> <td>N</td> <td>NY</td> <td>USA</td> <td>97913</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>1375 Sunset Dr.</td> <td>Ontario</td> <td>OR</td> <td>USA</td> <td>97914</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"/>	Jay and Carol COX Living Trust	799 Klamath Ave. N	N	NY	USA	97913	Manager <input type="checkbox"/> Member <input type="checkbox"/>		1375 Sunset Dr.	Ontario	OR	USA	97914	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 40894	6. Signature:  Date: <u>9/2/15</u> Name (type or print): <u>Carol J. Cox</u> Title: <u>Trustee - Living Trust</u>																																					
Issued 09/02/2015 by online 0																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM