No. W 15854	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010	2. Registered Agent and Office (NOT A P.O. BOX) STEVEN J WRIGHT 477 SHOUP AVE STE 109 IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: $30.00	1. Mailing Address: Contact to this box if needed. SANDY BEACH 8-3, LLC STEVEN J WRIGHT PO BOX 50578 IDAHO FALLS ID 83405	3. Your Registered Agent Signature

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 ☐ Member ☑	Lenn Pritchard	24103 N 25th Place	Phoenix	AZ	USA	85024
Manager ☐ Member ☑	Kathy Pritchard	24103 N 25th Place	Phoenix	AZ	USA	85024
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 15854	Signature: [signature] Date: 8-5-14 Name (type or print): LENN PRITCHARD Title: Member

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM