

<p style="font-size: 1.2em; font-weight: bold;">No. W 49327</p>	<p style="font-weight: bold;">Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) JENNIFER GARRISON 928 N MAIN POCATELLO ID 83204</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p style="font-weight: bold; margin-top: 10px;">REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. BRICKS & STICKS REAL ESTATE CO., LLC JENNIFER GARRISON 928 N MAIN POCATELLO ID 83204</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jennifer Garrison</td> <td>928 N Main</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83204</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> <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"/>	Jennifer Garrison	928 N Main	Pocatello	ID	USA	83204	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p style="font-size: 1.2em; font-weight: bold; text-align: center;">IDAHO W 49327</p>	<p>6. Signature: </p> <hr/> <p>Name (type or print): Jennifer Garrison</p>			<p>Date: 1-3-17</p> <hr/> <p>Title: owner</p>																																		
<p>Issued 01/03/2017 by online</p>																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM