

No. W 68899	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) ELIZABETH FRITZELL 3635 COVINGTON POST FALLS ID 83854														
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. STERNBERG BUSINESS PARK, LLC ELIZABETH FRITZELL PO BOX 895 POST FALLS ID 83877		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">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: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sternberg Investments, LLC</td> <td>PO Box 895</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83877</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"/>	Sternberg Investments, LLC	PO Box 895	Post Falls	ID		83877
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sternberg Investments, LLC	PO Box 895	Post Falls	ID		83877											
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 68899</div>		6. <u>Sternberg Investments LLC</u> Signature: <u>[Signature]</u> Date: <u>2/28/12</u> Name (type or print): <u>Shawn Sternberg</u> Title: <u>Member</u>															

Issued 02/21/2012 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **Do not** put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.