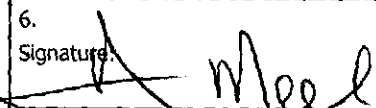


No. W 93553	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT NEEL 2864 BLUEBIRD LN IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IDAHO FALLS GOLF/THE 19TH LLC ROBERT F NEEL 2864 BLUEBIRD LN IDAHO FALLS ID 83402		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert Neel	2864 Bluebird	Idaho Falls	ID	Bonn	83402
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 93553 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Robert Neel</u> </div> <div style="width: 35%;"> Date: <u>1/18/15</u> <hr/> Title: <u>Owner</u> </div> </div>
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Issued 01/13/2015 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM