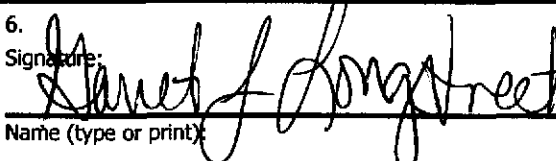


No. <b>W 120877</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/14/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. <b>SPRING CREEK PROPERTY MANAGEMENT LLC</b> <b>545 N BENJAMIN STE 105</b> <b>BOISE ID 83704</b> <b>324 S. Meridian Rd #24</b> <b>Meridian ID 83612</b>		<b>GARRET LONGSTREET</b> <del><b>545 N BENJAMIN STE 105</b></del> <del><b>BOISE ID 83704</b></del> <b>324 S. Meridian Rd #24</b> <b>Meridian ID 83612</b>  3. <u>New</u> Registered Agent Signature.																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Garret Longstreet</td> <td>324 S Meridian Rd #24</td> <td>Meridian</td> <td>ID</td> <td>83612</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> <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"/>	Garret Longstreet	324 S Meridian Rd #24	Meridian	ID	83612		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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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 120877</b>	6. Signature:  Name (type or print): _____ Date: <u>11/3/14</u> Title: _____																																					

Issued 11/03/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**