

No. W 80639 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010 1. Mailing Address: Correct in this box if needed. FRANK ALLEN LLC 415 W 15TH AVE POST FALLS ID 83854	2. Registered Agent and Office (NOT A P.O. BOX) FRANK C ALLEN 415 W 15TH AVE POST FALLS ID 83854 3. New Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</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>Member</td><td>Frank C. Allen</td><td>415 W. 15th Ave.,</td><td>Post Falls,</td><td>ID</td><td>USA</td><td>83854</td></tr><tr><td>Member</td><td>Courtney B. Allen</td><td>415 W. 15th Ave.,</td><td>Post Falls,</td><td>ID</td><td>USA</td><td>83854</td></tr></tbody></table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Frank C. Allen	415 W. 15th Ave.,	Post Falls,	ID	USA	83854	Member	Courtney B. Allen	415 W. 15th Ave.,	Post Falls,	ID	USA	83854
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5. Organized Under the Laws of: IDAHO W 80639	6. Signature: <u>Frank C Allen</u> Date: <u>4-23-10</u> Name (type or print): <u>Frank C. Allen</u> Title: <u>Member</u>																						
Issued 04/16/2010 by LJM																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1:** Pay special attention to the mailing address.