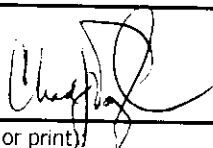


No. <b>W 86057</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHAD J VAUGHN <del>817 W IOWA ST</del> <i>2829 N. CITRUS PL</i> <del>BOISE ID 83706</del> <i>BOISE, ID 83713</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> COPPER TERRACE, LLC CHAD J VAUGHN PO BOX 8384 BOISE ID 83707		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 type="checkbox"/> Member <input checked="" type="checkbox"/> CHAD J. VAUGHN      2829 N. CITRUS PL      Boise, ID      83713			
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; font-weight: bold; font-size: large;">             IDAHO              W 86057           </div>		6. Signature:  <hr/> Name (type or print): <i>CHAD J. VAUGHN</i> <hr/> <div style="float: right; text-align: right;">         Date: <i>2/26/15</i>  <hr/>         Title: <i>OWNER</i>  <hr/> </div>	
Issued 02/23/2015 by DK1			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM