

No. W 6051	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES JERALD HARLAN 6880 SE GROEFSEMA RD MOUNTAIN HOME ID 83647				
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. WESTSIDE MOBILE HOME PARK, LLC CHARLES JERALD HARLAN 6880 SE GROEFSEMA MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.							
Manager/Member Name Street or PO Address City State Country Postal Code	MARLENE Ann HARLAN 6880 SE GROEFSEMA, MT HOME ID. 83647 USA						
5. Organized Under the Laws of: IDAHO W 6051	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"> Signature: <i>Charles Jerald Harlan</i> </td> <td style="width: 30%; border-bottom: 1px solid black;"> Date: <i>2-9-11</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): <i>CHARLES JERALD HARLAN</i> </td> <td style="border-bottom: 1px solid black;"> Title: <i>MANAGER</i> </td> </tr> </table>			Signature: <i>Charles Jerald Harlan</i>	Date: <i>2-9-11</i>	Name (type or print): <i>CHARLES JERALD HARLAN</i>	Title: <i>MANAGER</i>
Signature: <i>Charles Jerald Harlan</i>	Date: <i>2-9-11</i>						
Name (type or print): <i>CHARLES JERALD HARLAN</i>	Title: <i>MANAGER</i>						
Issued 02/07/2011 by LIC							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM