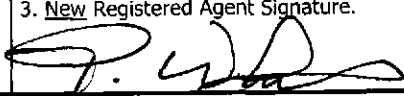





No. W 41154	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) GARRY SEE 2835 W. SELLICE WAY POST FALLS ID 83854 PATRICK WHITE 2835 W. SELLICE WAY POST FALLS, ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GREENACRES MOTORS LLC MONTE LEE MASINGALE 18111 E APPLEWAY SPOKANE VALLEY WA 99016 USA		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>PATRICK WHITE</td> <td>2835 W. SELLICE WAY</td> <td>POST FALLS</td> <td>ID</td> <td>USA</td> <td>83854</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 checked="" type="checkbox"/></td> <td>ROSANA MASINGALE</td> <td>18111 E. APPLEWAY AVE</td> <td>SPOKANE VALLEY</td> <td>WA</td> <td></td> <td>99016</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"/>	PATRICK WHITE	2835 W. SELLICE WAY	POST FALLS	ID	USA	83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROSANA MASINGALE	18111 E. APPLEWAY AVE	SPOKANE VALLEY	WA		99016	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 41154 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 10-18-17 </td> </tr> <tr> <td> Name (type or print): PATRICK WHITE </td> <td> Title: MANAGER </td> </tr> </table>		Signature: 	Date: 10-18-17	Name (type or print): PATRICK WHITE	Title: MANAGER																															
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Issued 10/16/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

If the incorrect information and write in the correct information. **Note:** The office