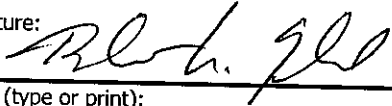


No. <b>W 42153</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> LEAWAY INVESTMENTS, LLC 5181 E BRANCHWOOD DR BOISE ID 83716	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> ROBERT W GINKEL 5181 E BRANCHWOOD DR BOISE ID 83716  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ROBERT GINKEL</td> <td>5181 E BRANCHWOOD DR.</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TONIA GINKEL</td> <td>(SAME)</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	ROBERT GINKEL	5181 E BRANCHWOOD DR.	BOISE	ID	USA	83716	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TONIA GINKEL	(SAME)					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold;">IDAHO W 42153</div>	<b>6.</b> Signature:  Name (type or print): <u>ROBERT W. GINKEL</u> <div style="display: flex; justify-content: space-between;"> <div>Date: <u>11/19/2012</u></div> <div>Title: <u>MEMBER</u></div> </div>																																				

Issued 11/19/2012 by DK1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM