

<b>No. W 85346</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/27/2017</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> JIM R BROWN <del>17 BLUE SPRUCE DR</del> 58 D BEN RAPIDS RD. HAGERMAN ID 83332
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>	<b>1. Mailing Address: Correct in this box if needed.</b> BLUE SPRUCE MOBILE ESTATES LLC JIM R. BROWN <del>17 BLUE SPRUCE DR</del> 58 D BEN RAPIDS RD. HAGERMAN ID 83332 USA		<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>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JIM R BROWN	58 D BEN RAPIDS RD.	HAGERMAN, ID 83332 US
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 85346           </div>		<b>6.</b> Signature: <u>Jim R Brown</u> Date: <u>11/13/17</u> Name (type or print): <u>JIM R BROWN</u> Title: <u>OWNER</u>	
Issued 11/07/2017 by SAT			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

This form may not be altered through the use of this form. Pay special attention to the mailing address. If the