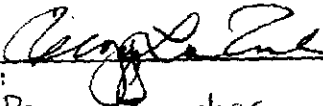


| No. <b>W 147389</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 05/31/2018</b>                                                       |                                                                                                                                                                                                   | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br>AMIA SURWILLO-HYATT<br>357 NW BEAMAN RD<br>MOUNTAIN HOME ID 83647 |                   |         |                      |      |       |         |             |                                                                             |               |              |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|---------|----------------------|------|-------|---------|-------------|-----------------------------------------------------------------------------|---------------|--------------|-------|----|-----|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address: Correct in this box if needed.<br>CD HOMES LLC<br>PEGGY ZURCHER<br>PO BOX 1156<br>MOUNTAIN HOME ID 83647 |                                                                                                                                                                                                   | 3. <u>New</u> Registered Agent Signature.                                                                               |                   |         |                      |      |       |         |             |                                                                             |               |              |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Peggy Zurcher</td> <td>700 Iowa St.</td> <td>Keene</td> <td>TX</td> <td>USA</td> <td>76059</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> <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"/> | Peggy Zurcher | 700 Iowa St. | Keene | TX | USA | 76059 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                         | Street or PO Address                                                                                                                                                                              | City                                                                                                                    | State             | Country | Postal Code          |      |       |         |             |                                                                             |               |              |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Peggy Zurcher                                                                                                                | 700 Iowa St.                                                                                                                                                                                      | Keene                                                                                                                   | TX                | USA     | 76059                |      |       |         |             |                                                                             |               |              |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 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:<br><br><b>IDAHO<br/>W 147389</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              | 6. Signature: <u></u> Date: <u>9/13/18</u><br>Name (type or print): <u>Peggy Zurcher</u> Title: <u>Manager</u> |                                                                                                                         |                   |         |                      |      |       |         |             |                                                                             |               |              |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

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