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**FILED EFFECTIVE**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| No. W 88040                                                                                                                                         | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 02/23/2016</b>                                                                                                                                                                                        |                                         | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JOHN OREN HOLMAN<br>610 MALLARD ST<br>CHUBBUCK ID 83282<br><i>2022 4th Ave East Suite A</i><br>Twin Falls, Idaho 83302 |                      |
| 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</b><br><b>DUE: \$30.00</b> | 1. <b>Mailing Address: Correct in this box if needed.</b><br>FIRE PROTECTION OF IDAHO, L.L.C.<br>JOHN O HOLMAN<br><del>610 MALLARD ST</del><br><del>CHUBBUCK ID 83282</del><br><i>2022 4th Ave East Suite A</i><br><del>610 Lochsa</del><br>Twin Falls, Idaho 83301 |                                         | 3. <u>New</u> Registered Agent Signature.                                                                                                                                           |                      |
| 4. <b>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</b>                                                                                                                                                                         | <b>State</b>         |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                         | John O. Holman                                                                                                                                                                                                                                                      | 610 Lochsa, Twin Falls, Idaho           | USA                                                                                                                                                                                 | 83303                |
| 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:                                                                                                                     |                                                                                                                                                                                                                                                                     | 6.                                      |                                                                                                                                                                                     |                      |
| IDAHO<br>W 88040                                                                                                                                    |                                                                                                                                                                                                                                                                     | Signature: <i>John O Holman</i>         |                                                                                                                                                                                     | Date: <i>6/16/17</i> |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                     | Name (type or print):<br>John O. Holman |                                                                                                                                                                                     | Title:<br>Manager    |

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