



<b>No. W 93707</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/15/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> <del>MICHAEL BATT</del> <b>DAVID J. DANCE</b> 2880 N 55TH W IDAHO FALLS ID 83402																																			
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> FAYETTEVILLE PROMENADE, LLC DAVID J DANCE 2880 N 55TH W IDAHO FALLS ID 83402 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>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Riverbend Management, Inc.</td> <td>PO Box 50277</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83405</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"/>	Riverbend Management, Inc.	PO Box 50277	Idaho Falls,	ID		83405	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 93707</div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>JASON SWATSENBARG</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Date: <u>1/4/2016</u>            Title: <u>Secretary of Management</u> </div> </div>																																				
Issued 01/04/2016 by online																																						