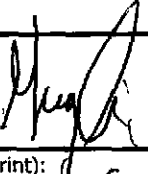
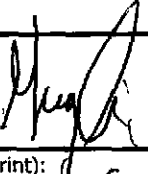
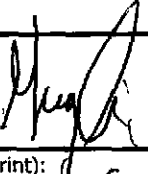


| No. W 101446 | Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014 | | 2. Registered Agent and Office (NOT A P.O. BOX) GREGORY F LINK II 714 3RD ST COEUR D ALENE ID 83814 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|--|-------|-------------------|---|----------------------|--------|-----------------------|--------------|-------------|---|--------------------|-------------|-----|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. LINK PROPERTIES, LLC GREGORY F LINK II 714 3RD ST COEUR D ALENE ID 83814 USA | | 3. New Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GREGORY F. LINK II</td> <td>714 3rd St.</td> <td>COA</td> <td>ID</td> <td>USA</td> <td>83814</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | GREGORY F. LINK II | 714 3rd St. | COA | ID | USA | 83814 | 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 type="checkbox"/> Member <input checked="" type="checkbox"/> | GREGORY F. LINK II | 714 3rd St. | COA | ID | USA | 83814 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: IDAHO W 101446 | 6. <table border="1"> <tr> <td>Signature:</td> <td></td> <td>Date:</td> <td>7/3/14</td> </tr> <tr> <td>Name (type or print):</td> <td>Greg Link II</td> <td>Title:</td> <td>Owner</td> </tr> </table> | | | | Signature: |  | Date: | 7/3/14 | Name (type or print): | Greg Link II | Title: | Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | Date: | 7/3/14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): | Greg Link II | Title: | Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 06/24/2014 by online

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