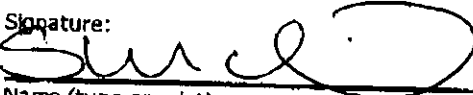


1/14/2015

W 47597

<b>No. W 47597</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEVE MASONHEIMER <del>2245 W CROOKED STICK DR</del> <del>EAGLE ID 83616</del> 1573 S. Lakemur Way Eagle, ID 83616																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> IMPACT INVESTMENTS, LLC STEVE MASONHEIMER <del>2245 W CROOKED STICK DR</del> <del>EAGLE ID 83616</del> 1573 S. Lakemur Way Eagle, ID 83616																																					
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Steve Masonheimer</td><td>1573 S. Lakemur Way</td><td>Eagle</td><td>ID</td><td>Ada</td><td>83616</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"/>	Steve Masonheimer	1573 S. Lakemur Way	Eagle	ID	Ada	83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <b>New Registered Agent Signature.</b>
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
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5. Organized Under the Laws of:  <b>IDAHO W 47597</b>																																						
6. Signature:  Name (type or print): <u>Steve Masonheimer</u> Date: <u>1/14/15</u> Title: <u>Manager</u>																																						

Issued 01/14/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**