





| No. W 42835 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2007 | | 2. Registered Agent and Office (NOT A P.O. BOX) KARI K KNOTTS 547 S FITNESS PL #100 EAGLE ID 83616 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|--------------------------|---|---------------------|-------|---------|-------------|---|-------------|-------------------|-------|----|-----|--|---|-------------|-------------------|-------|----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. HERITAGE ENTERPRISES, LLC KARI K LEDEORD Kari Knotts 1005 E WASHAKIE 547 S. Fitness PL MERIDIAN ID 83642 Eagle, id 83616 | | 3. <u>New Registered Agent Signature.</u>  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kari Knotts</td> <td>547 S. Fitness PL</td> <td>Eagle</td> <td>id</td> <td>USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Chet Knotts</td> <td>547 S. Fitness PL</td> <td>Eagle</td> <td>id</td> <td>USA</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"/> | Kari Knotts | 547 S. Fitness PL | Eagle | id | USA | | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Chet Knotts | 547 S. Fitness PL | Eagle | id | USA | | 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"/> | Kari Knotts | 547 S. Fitness PL | Eagle | id | USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Chet Knotts | 547 S. Fitness PL | Eagle | id | USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 42835 </div> | | 6. <table style="width: 100%;"> <tr> <td style="width: 50%;"> Signature:  </td> <td style="width: 50%;"> Date: <u>NOV 5, 2012</u> </td> </tr> <tr> <td> Name (type or print): <u>KARI K. KNOTTS</u> </td> <td> Title: <u>owner</u> </td> </tr> </table> | | Signature:  | Date: <u>NOV 5, 2012</u> | Name (type or print): <u>KARI K. KNOTTS</u> | Title: <u>owner</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  | Date: <u>NOV 5, 2012</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): <u>KARI K. KNOTTS</u> | Title: <u>owner</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the