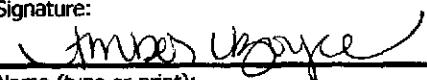


No. <b>W 122916</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AMBER C BOYCE 4048 SAWTELLE PK RD ISLAND PARK ID 83429																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					1. <b>Mailing Address: Correct in this box if needed.</b> LUCKY BOY INV. LLC PO BOX 371 ISLAND PARK ID 83429		3. <u>New</u> Registered Agent Signature.																																
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>Amber Boyce</td> <td>PO Box 371</td> <td>Island Park</td> <td>ID</td> <td></td> <td>83429</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lance Boyce</td> <td>PO Box 371</td> <td>Island Park</td> <td>ID</td> <td></td> <td>83429</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"/>	Amber Boyce	PO Box 371	Island Park	ID		83429	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lance Boyce	PO Box 371	Island Park	ID		83429	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 122916</b>		6. Signature: <u></u> Name (type or print): <u>Amber C Boyce</u> Date: <u>9/23/15</u> Title: <u>President</u>																																					

Issued 09/24/2015 by online

## 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 corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**