


| No. W 70262 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010 1. Mailing Address: Correct in this box if needed. MURRAY FUTURES, LLC KEVIN MURRAY 225 S AMY LN AMMON ID 83406 | 2. Registered Agent and Office (NOT A P.O. BOX) KEVIN MURRAY 225 S AMY LN AMMON ID 83406 3. New Registered Agent Signature. <i>Same as previously</i> | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|-------|----------------------|-------------|-------|---------|-------------|---------|--------------|--------------|-------------|----|-------|-------|---------|---------------|--------------|-------------|----|-------|-------|
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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</td> <td>Kevin Murray</td> <td>225 Amy Lane</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonn.</td> <td>83406</td> </tr> <tr> <td>Manager</td> <td>Sherri Murray</td> <td>225 Amy Lane</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonn.</td> <td>83406</td> </tr> </tbody> </table> | | | Office Held | Name | Street or PO Address | City | State | Country | Postal Code | Manager | Kevin Murray | 225 Amy Lane | Idaho Falls | ID | Bonn. | 83406 | Manager | Sherri Murray | 225 Amy Lane | Idaho Falls | ID | Bonn. | 83406 |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | |
| Manager | Kevin Murray | 225 Amy Lane | Idaho Falls | ID | Bonn. | 83406 | | | | | | | | | | | | | | | | | |
| Manager | Sherri Murray | 225 Amy Lane | Idaho Falls | ID | Bonn. | 83406 | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 70262 | 6. Signature:  Name (type or print): Kevin C. Murray Date: 4-2-10 Title: Manager | | | | | | | | | | | | | | | | | | | | | | |

Issued 04/19/2010 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

Verified accuracy on Line 