

<p>No. <b>W 41338</b></p>	<p><b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/27/2017</b></p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LORI DONALDSON 2263 E BLUESTEM LN BOISE ID 83706</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b> TWIN STOP JEROME, LLC LORI DONALDSON <del>PO BOX 368</del> <i>2263 E. Bluestem LN.</i> <del>TWIN FALLS ID 83303</del> <i>Boise ID</i> <i>83706</i></p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p><b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b></p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Manager or Member</th> <th style="width:30%;">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:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LORI DONALDSON</td> <td colspan="5" style="text-align: center;"><i>same as above</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td colspan="5"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td colspan="5"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td colspan="5"></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"/>	LORI DONALDSON	<i>same as above</i>					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"/>	LORI DONALDSON	<i>same as above</i>																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<p>5. Organized Under the Laws of:</p> <p style="text-align: center;"><b>IDAHO</b> <b>W 41338</b></p>	<p>6.</p> <table style="width:100%;"> <tr> <td style="width:70%;">Signature:</td> <td style="width:30%;">Date:</td> </tr> <tr> <td style="text-align: center;"><i>Lori Donaldson</i></td> <td style="text-align: center;"><i>12-30-17</i></td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td style="text-align: center;"><b>LORI DONALDSON</b></td> <td style="text-align: center;"><i>Member.</i></td> </tr> </table>			Signature:	Date:	<i>Lori Donaldson</i>	<i>12-30-17</i>	Name (type or print):	Title:	<b>LORI DONALDSON</b>	<i>Member.</i>																											
Signature:	Date:																																					
<i>Lori Donaldson</i>	<i>12-30-17</i>																																					
Name (type or print):	Title:																																					
<b>LORI DONALDSON</b>	<i>Member.</i>																																					