


No. W 45693	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX) JAMES S THORPE 248 N.PALMETTO AVE EAGLE ID 83616-5172
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. EQUITY PROPERTY MANAGEMENT LLC JAMES SINCLAIR THORPE 248 N. PALMETTO AVE. EAGLE ID 83616-5172 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JAMES THORPE	248 N. PALMETTO AVE	EAGLE ID USA 83616
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GAIL THORPE	"	" " " "
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; font-size: 1.2em;"> IDAHO W 45693 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>JAMES S. THORPE</u> </div> <div style="width: 35%;"> Date: <u>12.23.2015</u> Title: <u>MEMBER</u> </div> </div>		