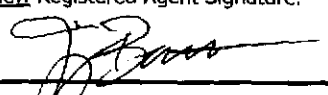





No. W 56224	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) JAMES BARRETT 1263 LONDONBERRY 1966 Tiffany Dr. IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BARRETT PROPERTIES, LLC 1263 LONDONBERRY 1966 Tiffany Dr. IDAHO FALLS ID 83404																																					
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JAMES BARRETT</td> <td>1966 Tiffany Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	JAMES BARRETT	1966 Tiffany Dr.	Idaho Falls	ID	USA	83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: IDAHO W 56224	6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>4-26-16</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>JAMES BARRETT</td> <td>Member</td> </tr> </table>			Signature:	Date:		4-26-16	Name (type or print):	Title:	JAMES BARRETT	Member																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM