No. W 67663	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** JACKSON FAMILY PROPERTIES LLC THOMAS JACKSON 3612 E 3880 N KIMBERLY ID 83341 USA	THOMAS JACKSON 3612 E 3880 N KIMBERLY ID 83341 3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 ☒ Member ☐	Thomas Jackson	3612 E. 3880 N	Kimberly	ID	USA	83341
Manager ☒ Member ☐	Angela Jackson	3612 E. 3880 N	Kimberly	ID	USA	83341
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 67663	Signature: Angela Jackson — Date: 7/7/17 Name (type or print): Angela Jackson — Title: Manager/owner

Issued 07/07/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM