

No. W 117315	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) HOPKINS FINANCIAL SERVICES INC 910 E CAROL ST MERIDIAN ID 83646
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. TR GOLF, LLC RON HORST 11 EAST 6000 SOUTH VICTOR ID 83455		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"/>	Ronald Horst	5030 River Ridge Rd	Ames IA USA 50014
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bruce Hollis	1732 Canyon Oak Dr	Mt. Pleasant SC USA 29464
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 117315 </div>		6. Signature: <u>Ronald L. Horst</u> <hr/> Name (type or print): Ronald Horst	
		Date: <u>01/06/2016</u> <hr/> Title: <u>Member</u>	

Issued 01/06/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM