
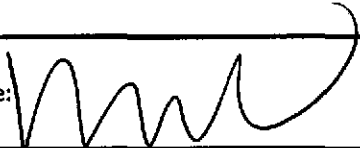


**FILED EFFECTIVE**

No. <b>W 89611</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/11/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. CONESTOGA LEISURE, LLC <del>VICTOR THOMPSON</del> <b>Vicky Lyon</b> <del>187 S 2ND W STE 432</del> LAVA HOT SPRINGS ID 83246 <b>PO BOX 432</b> <b>187 S 200W</b>		<del>VICTOR THOMPSON</del> <del>187 S 2ND W STE 432</del> LAVA HOT SPRINGS ID 83246 <b>Vicky Lyon</b> <b>187 S 200W</b>  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><b>Vicky Lyon</b></td> <td><b>PO BOX 432</b></td> <td><b>LHS</b></td> <td><b>ID</b></td> <td><b>USA</b></td> <td><b>83246</b></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><b>Craig Lyon</b></td> <td><b>PO BOX 432</b></td> <td><b>LHS</b></td> <td><b>ID</b></td> <td><b>VST</b></td> <td><b>83246</b></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"/>	<b>Vicky Lyon</b>	<b>PO BOX 432</b>	<b>LHS</b>	<b>ID</b>	<b>USA</b>	<b>83246</b>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>Craig Lyon</b>	<b>PO BOX 432</b>	<b>LHS</b>	<b>ID</b>	<b>VST</b>	<b>83246</b>	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:  <b>IDAHO</b> <b>W 89611</b>		6. Signature:  Name (type or print): <b>Vicky Lyon</b> Date: <b>5/4/15</b> Title: <b>owner</b>																																				