

No. W 57870	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX) JOE BLADES 2254 N JUSTIN WAY 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. PACIFIC SPORTS COMPLEX, LLC JOE BLADES 2254 N JUSTIN WAY MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code							
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Manager ☒ Member ☐ (circle one)																	
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5. Organized Under the Laws of: IDAHO W 57870		6. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">Signature: <u>Kathy Blades</u></td> <td style="width: 30%;">Date: <u>6-21-11</u></td> </tr> <tr> <td>Name (type or print): <u>Kathy Blades</u></td> <td>Title: <u>Member</u></td> </tr> </table>		Signature: <u>Kathy Blades</u>	Date: <u>6-21-11</u>	Name (type or print): <u>Kathy Blades</u>	Title: <u>Member</u>										
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Issued 06/10/2011 by JLI																	