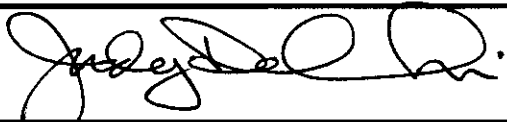


No. <b>W 42774</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/04/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JUDY DELUCCHI 824 HICKORY STREET SANDPOINT ID 83864
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LIVERMORE LAKE, LLC JUDY A DELUCCHI PO BOX 1676 SANDPOINT ID 83864		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 checked="" type="checkbox"/> Member <input type="checkbox"/> JUDY DELUCCHI      POB 1676 SANDPOINT, ID      83864			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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-weight: bold; font-size: large;">           IDAHO            W 42774         </div>		6. Signature:  <hr/> Name (type or print): <u>JUDY DELUCCHI</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div>           Date: <u>4/6/2013</u> </div> <div>           Title: <u>MANAGER</u> </div> </div>	

Issued 04/01/2013 by KAH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM