

No. W 115227	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX) PAM THOMAS 995 HAAS RD WEISER ID 83672																																				
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. P/T PROPERTY RENTAL MGMT LLC PAMELA S THOMAS PO BOX 428 615 E COMMERCIAL WEISER ID 83672		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Pamela S. Thomas</i></td> <td><i>PO Box 428</i></td> <td><i>615 E Commercial</i></td> <td></td> <td><i>Weiser Id 83672</i></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td><i>USA</i></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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Pamela S. Thomas</i>	<i>PO Box 428</i>	<i>615 E Commercial</i>		<i>Weiser Id 83672</i>		Manager <input type="checkbox"/> Member <input type="checkbox"/>					<i>USA</i>		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: IDAHO W 115227	6. Signature: <i>Pamela S. Thomas</i> Name (type or print): <i>Pamela S Thomas</i>		Date: <i>5-5-15</i> Title: <i>Manager</i>																																				
Issued 05/05/2015 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM