

No. W 15678	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID S SOUTHERS 1207 FORT STE 210 BOISE ID 83702		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SOUTHERS PROPERTIES LLC DAVID S SOUTHERS P. O. BOX 8245 BOISE ID 83707			3. <u>New</u> Registered Agent Signature.		
<b>REINSTATEMENT FEE DUE: \$30.00</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	DAVID SOUTHERS 1207 FORT UNIT 210 ADA COUNTY BOISE, IDAHO 83702					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 15678	6. Signature: <u>David S. Souters</u> Date: <u>9-24-12</u> Name (type or print): <u>DAVID S. SOUTHERS</u> Title: <u>Managing Member</u>					
Issued 09/24/2012 by CLH						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the