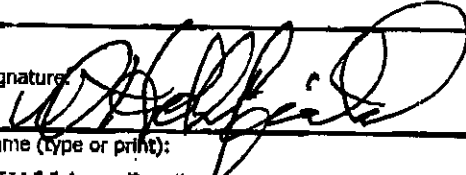


No. W 21946	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PINE PROPERTIES, LLC WILLIAM R HOLLIFIELD PO BOX 424 PO Box 66 TWIN FALLS ID 83303-0424 USA Twin Falls, ID 83303		WILLIAM R HOLLIFIELD 712 SOUTH BIRCH 1445 Fillmore JEROME ID 83338 Ste. 1106 Twin Falls, ID 83301																																			
		3. <u>New</u> 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 ☐ Member ☒</td> <td>Michael J. Suter</td> <td>712 S. Birch St.,</td> <td>Jerome,</td> <td>ID,</td> <td>US</td> <td>83338</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Michael J. Suter	712 S. Birch St.,	Jerome,	ID,	US	83338	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 21946	6. Signature:  Name (type or print): William R. Hollifield Date: 06/26/2013 Title: Registered Agent																																					
Issued 06/26/2013 by PEH																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM