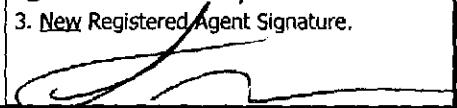
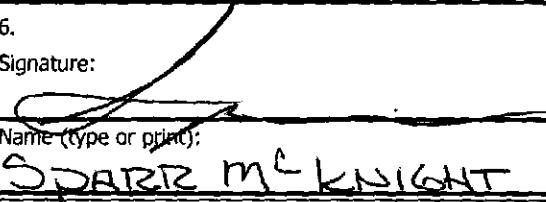


FILED EFFECTIVE

No. W 49030	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		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	1. Mailing Address: Correct in this box if needed. MCKNIGHT PROPERTIES, LLC SPARR MCKNIGHT PO BOX 607 387 E HWY 26 SHOSHONE ID 83352		DAVE WENDELL 409 E 6TH ST SHOSHONE ID 83352 SPARR MCKNIGHT 387 E. HWY 26 SHOSHONE, ID 83352	
REINSTATEMENT FEE DUE: \$30.00			3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/>	SPARR MCKNIGHT 387 E. HWY 26 SHOSHONE, ID 83352			
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:		6.	Date:	
IDAHO W 49030		Signature: 	4-21-17	
		Name (type or print): SPARR MCKNIGHT	Title: MEMBER	

Issued 04/21/2017 by online

INSTRUCTIONS FOR THE TRADE ANNUAL REPORT FORM