


No. W 17503	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS SCHOLLES 526-A SHOUP AVE WEST TWIN FALLS ID 83301																									
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. SCHOLLES PROPERTIES, LLC CHRIS SCHOLLES 526-A SHOUP AVE WEST TWIN FALLS ID 83301		3. New Registered Agent Signature.																									
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th data-bbox="164 615 448 642">Manager or Member Name</th> <th data-bbox="686 615 911 642">Street or PO Address</th> <th data-bbox="1003 615 1057 642">City</th> <th data-bbox="1143 615 1208 642">State</th> <th data-bbox="1224 615 1317 642">Country</th> <th data-bbox="1333 615 1409 642">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="164 653 448 680">Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)</td> <td colspan="5"></td> </tr> <tr> <td data-bbox="164 701 448 743">M. THAD SCHOLLES</td> <td data-bbox="753 653 1159 701">526A SHOUP AVE W</td> <td data-bbox="1175 653 1317 701">TWIN FALLS</td> <td data-bbox="1333 653 1409 701">ID</td> <td data-bbox="1458 653 1572 701">83301</td> <td></td> </tr> <tr> <td data-bbox="164 743 448 785"><u>CHRISTOPHER SCHOLLES</u></td> <td data-bbox="899 743 948 785">11</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 <input type="radio"/> Member <input checked="" type="radio"/> (circle one)						M. THAD SCHOLLES	526A SHOUP AVE W	TWIN FALLS	ID	83301		<u>CHRISTOPHER SCHOLLES</u>	11				
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5. Organized Under the Laws of: IDAHO W 17503	6. Signature:  Date: <u>3/15/11</u> Name (type or print): <u>CHRIS SCHOLLES</u> Title: <u>PARTNER</u>																											
Issued 03/11/2011 by CLH																												