


| No. W 35624 | | Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012 | | 2. Registered Agent and Office (NOT A P.O. BOX) DEBORAH NELSON 3350 S 15 EAST IDAHO FALLS ID 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|---|-------------|--|---------|-------------------|------|----------------------|------|-------|---------|-------------|---|---------------|---------------|-------------|----|--|-------|---|---------------|---------------|-------------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. KING PALM, LLC DEBORAH NELSON 3350 S 15 EAST IDAHO FALLS ID 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | 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>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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Debbie Nelson</td><td>5503 Veil Dr.</td><td>Idaho Falls</td><td>ID</td><td></td><td>83406</td></tr><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Gary J Nelson</td><td>5503 Veil Dr.</td><td>Idaho Falls</td><td>ID</td><td></td><td>83406</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></tbody></table> | | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Debbie Nelson | 5503 Veil Dr. | Idaho Falls | ID | | 83406 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Gary J Nelson | 5503 Veil Dr. | Idaho Falls | ID | | 83406 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Debbie Nelson | 5503 Veil Dr. | Idaho Falls | ID | | 83406 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Gary J Nelson | 5503 Veil Dr. | Idaho Falls | ID | | 83406 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 35624 | | 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Signature:  | | Date: 7-25-2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Name (type or print): Deborah Nelson | | Title: Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 07/25/2013 by JL1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |