

FILED EFFECTIVE

<p>No. W 90387</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed.</p> <p>DESERT ROSE LLC CHERYL AMYX 10880 BODLEY ST <i>6184 Hallilynn Dr</i> BOISE ID 83709 USA <i>Boise, ID 83709</i></p>		<p>CHERYL C AMYX 10880 BODLEY ST <i>6184 Hallilynn Dr.</i> BOISE ID 83709 <i>Boise, ID 83709</i></p>																																			
			<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p>																																						
<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>Cheryl Amyx <i>Cheryl Amyx</i></td> <td><i>6184 Hallilynn Dr.</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>ADA</i></td> <td><i>83709</i></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> <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"/>	Cheryl Amyx <i>Cheryl Amyx</i>	<i>6184 Hallilynn Dr.</i>	<i>Boise</i>	<i>ID</i>	<i>ADA</i>	<i>83709</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 90387</p>	<p>6.</p> <p>Signature: <i>Cheryl Amyx</i></p> <p>Name (type or print): <i>Cheryl Amyx</i></p> <p>Date: <i>11-3-15</i></p> <p>Title: _____</p>																																					
<p>Issued 11/03/2015 by online</p>																																						