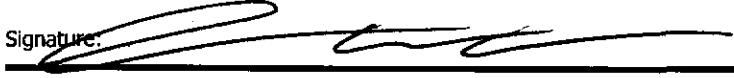


No. W 21585	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) TIM W ECK 6152 W HALFMoon LN EAGLE ID 83616		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ECK PROPERTIES, LLC TIM W ECK 6152 W HALFMoon LN EAGLE ID 83616		3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Manager or Member	Name	Street or PO Address	City	State	Country
Member	TIM W ECK	6152 W. Half Moon Ln	Eagle	ID	83616
5. Organized Under the Laws of:	6.				
IDAHO W 21585	 Signature: _____ Date: 2-24-11 Name (type or print): <u>Tim W Eck</u> Title: <u>Member</u>				
Issued 02/16/2011 by SLD					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.