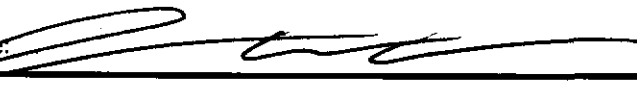


No. W 21585	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) TIM W ECK 6152 W HALFMOON LN EAGLE ID 83616	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ECK PROPERTIES, LLC TIM W ECK 6152 W HALFMOON LN EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
member	Tim W Eck	6152 W. Half Moon Ln	Eagle ID	ADA	83616

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 21585 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <u>Tim W Eck</u> </div> <div style="width: 35%;"> Date: <u>2-24-11</u> <hr/> Title: <u>member</u> </div> </div>
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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.