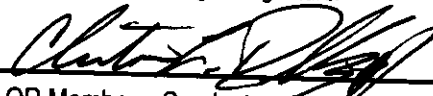



No. W 108635	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TOWN & COUNTRY, LLC 248 WOODRIDGE TWIN FALLS ID 83301		CLINTON DILLE 248 WOODRIDGE TWIN FALLS ID 83301
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Anna Dille	248 Woodridge Dr. Twin Falls, Idaho	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:	6. Signature:  Date: <u>3/19/13</u> Name (type or print): <u>Clinton L. Dille, MD</u> Title: <u>President</u>		
Issued 03/11/2013 by KAH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM