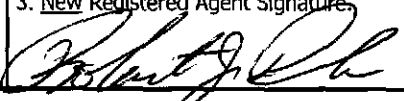
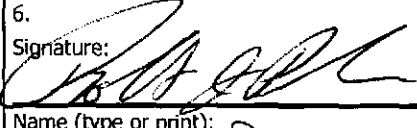


No. W 122030 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014 1. Mailing Address: Correct in this box if needed. FIVE STAR DISCOUNT AND GROCERY LLC PO BOX 65 NEW PLYMOUTH ID 83655	2. Registered Agent and Office (NOT A P.O. BOX) PHIL ZUEGER 104 NE 14TH ST FRUITLAND ID 83619 3. New Registered Agent Signature: 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robert J Presher</td> <td>2105 W 4th St</td> <td>Fruitland</td> <td>ID</td> <td>USA</td> <td>83619</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"/>	Robert J Presher	2105 W 4th St	Fruitland	ID	USA	83619	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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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 122030 </div>	6. Signature:  Name (type or print): <u>Robert J Presher</u> Date: <u>1/14/18</u> Title: <u>Manager/owner</u>																																				

Issued 12/22/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM