

No. W 44370	Reinstatement Annual Report Form ADMIN DISSOLVED 02/05/2009		2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA STILWELL 9881 S LOCKNANE CT NAMPA ID 83686		
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. VILLA PROPERTIES LLC 9881 S LOCKNANE CT NAMPA ID 83686		3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00					
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 Member (circle one)	9881 S LOCKNANE NAMPA ID		83686		
Patricia Stilwell					
5. Organized Under the Laws of:	6.				
IDAHO W 44370	Signature: <u>Patricia Stilwell</u> Date: <u>8-24</u> Name (type or print): <u>Patricia Stilwell</u> Title: <u>Manager</u>				
Issued 07/28/2011 by CLH					

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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.