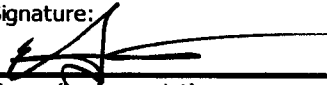| No. **W 65792**	**Reinstatement Annual Report Form** **ADMIN DISSOLVED 11/17/2015**	2. Registered Agent and Office **(NOT A P.O. BOX)** TINA J SMITH 1112 W MAIN STE 101 BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** FALLS AT SAVAGE LAKE, LLC (THE) SIMA MUROFF 1112 W MAIN ST STE ~~101~~ 106 BOISE ID 83702 USA	
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 ☐ Member ☒	SIMA MUROFF	1112 W MAIN ST #106	BOISE	ID	U.S	83702
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of: **IDAHO** **W 65792**	6. Signature: _____ Name (type or print): *EVERETT SMITH*	Date: **12/28/2015** Title: Admin Assistant

Issued 12/28/2015 by online