

FILED EFFECTIVE

No. W 69915	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FIELDCREST PROPERTIES, LLC JAMES L MCMINDES 5746 W FARM MARKET RD 12409 N. UPPER RIDGE BOISE ID 83714	JAMES MCMINDES 5746 W FARM MARKET RD BOISE ID 83714 12409 N. UPPER RIDGE 3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>JAMES MCMINDES</td> <td>12409 N. UPPER RIDGE</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>83714</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>SONDRA MCMINDES</td> <td>12409 N. UPPER RIDGE</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83714</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	JAMES MCMINDES	12409 N. UPPER RIDGE	BOISE	ID	USA	83714	Manager ☒ Member ☐	SONDRA MCMINDES	12409 N. UPPER RIDGE	BOISE	ID		83714	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 69915	6. Signature: <u><i>James McMinde</i></u> Name (type or print): <u>JAMES MCMINDES</u> Date: <u>23NOV12</u> Title: <u>PRESIDENT</u>																																					

Issued 11/23/2012 by CLH