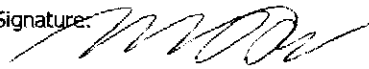


No. W 92011	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT SHAW 4658 S COLE RD BOISE ID 83709 5010 W CASSIA ST BOISE, ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IDEAL PROPERTY OPTIONS REALTY, LLC ROBERT SHAW 5010 W CASSIA ST BOISE ID 83705		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ROBERT SHAW</td> <td>5010 W CASSIA ST,</td> <td>BOISE,</td> <td>ID,</td> <td>USA</td> <td>83705</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>SAMUEL BENTLER</td> <td>5010 W CASSIA ST,</td> <td>BOISE,</td> <td>ID,</td> <td>USA</td> <td>83705</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 checked="" type="checkbox"/>	ROBERT SHAW	5010 W CASSIA ST,	BOISE,	ID,	USA	83705	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	SAMUEL BENTLER	5010 W CASSIA ST,	BOISE,	ID,	USA	83705	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: IDAHO W 92011		6. Signature:  Name (type or print): <u>ROBERT SHAW</u> Date: <u>7/3/17</u> Title: <u>MANAGER</u>																																				