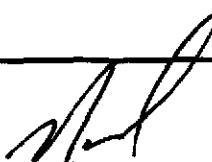


|   |  |   |  |  |  |
|---|--|---|--|--|--|
| No. W 44626   |  | Reinforcement Annual Report Form<br>ADMIN DISSOLVED 02/04/2010  |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b>  |  |
| Return to:<br><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  |  | 1. Mailing Address: Correct in this box if needed.<br><br>NFLP I, LLC<br>THOMAS NUNAMAKER<br>1941 S ROOSEVELT<br>BOISE ID 83705                   |  | THOMAS NUNAMAKER<br>1941 S ROOSEVELT <i>Scott Tschirgi</i><br>BOISE ID 83705<br>209 W. Main<br>Boise, Id.<br>83702 |  |
| <b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>   |  |   |  | 3. New Registered Agent/Signature.<br><br><i>Mc</i>  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br>Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code |  |   |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Thomas Nunamaker 1941 S Roosevelt Boise ID 83705  |  |   |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |   |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |   |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |   |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 44626   |  | 6.<br>Signature: <br>Name (type or print): <i>Scott Tschirgi</i> |  | Date: <u>4-11-14</u><br>Title: <i>Registered Agent</i>   |  |

Issued 04/11/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**