

| No. <b>W 147203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 05/02/2017</b>                                                               |                                                                                                                      | 2. Registered Agent and Office<br>(NOT A P.O. BOX)          |                   |         |                      |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
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| Return to:<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>GRECO LAND DEVELOPMENT LLC<br>JOSEPH C GRECO<br>2316 GRELLE AVE<br>LEWISTON ID 83501 |                                                                                                                      | JOSEPH C GRECO<br>2316 GRELLE AVE<br>LEWISTON ID 83501-8350 |                   |         |                      |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                      | 3. New Registered Agent Signature.                          |                   |         |                      |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joseph Greco</td> <td>2316 Grelle Ave</td> <td>Lewiston</td> <td>ID</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Traci Greco</td> <td>721 Linden Ave Apt 1A</td> <td>Lewiston</td> <td>ID</td> <td></td> <td>83501</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Joseph Greco | 2316 Grelle Ave | Lewiston | ID |  | 83501 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Traci Greco | 721 Linden Ave Apt 1A | Lewiston | ID |  | 83501 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                                       | Street or PO Address                                                                                                 | City                                                        | State             | Country | Postal Code          |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Joseph Greco                                                                                                                               | 2316 Grelle Ave                                                                                                      | Lewiston                                                    | ID                |         | 83501                |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Traci Greco                                                                                                                                | 721 Linden Ave Apt 1A                                                                                                | Lewiston                                                    | ID                |         | 83501                |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                      |                                                             |                   |         |                      |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                      |                                                             |                   |         |                      |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 147203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            | 6. Signature: <u>[Signature]</u> Date: <u>8/22/17</u><br>Name (type or print): <u>JOE GRECO</u> Title: <u>MEMBER</u> |                                                             |                   |         |                      |      |       |         |             |                                                                             |              |                 |          |    |  |       |                                                                             |             |                       |          |    |  |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

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