

No. W 111407	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) DUSTIN ROBY 3738 18TH ST B LEWISTON ID 83501																																			
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. ROBY DEVELOPMENT, LLC 3738 18TH ST B 3738 18th St. B LEWISTON ID 83501		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>Dustin Roby</td> <td>3738 18th St. B</td> <td>Lewiston, ID</td> <td>USA</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Michelle Roby</td> <td>3738 18th St. B</td> <td>Lewiston, ID</td> <td>USA</td> <td></td> <td>83501</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 ☐	Dustin Roby	3738 18th St. B	Lewiston, ID	USA		83501	Manager ☐ Member ☒	Michelle Roby	3738 18th St. B	Lewiston, ID	USA		83501	Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager ☒ Member ☐	Dustin Roby	3738 18th St. B	Lewiston, ID	USA		83501																																
Manager ☐ Member ☒	Michelle Roby	3738 18th St. B	Lewiston, ID	USA		83501																																
Manager ☐ Member ☐																																						
Manager ☐ Member ☐																																						
5. Organized Under the Laws of: IDAHO W 111407	6. Signature:  Name (type or print): <u>Michelle Roby</u> Date: <u>1/9/14</u> Title: <u>member</u>																																					

Issued 01/09/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Pay special attention to the mailing address. If the