

No. <b>W 28393</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/09/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> RANDY LUKEHART 250 CAPITAL BLVD #1406 BOISE ID 83702 <b>2017 S. LEADVILLE AVE</b> <b>BOISE, IDA. 83706</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ARBOR VALLEY RANCH LLC <del>5375 L LINDER RD</del> <del>MERIDIAN ID 83642</del> <b>2017 SO. LEADVILLE AVE</b> <b>BOISE IDA. 83706</b>		3. <b>New</b> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 type="checkbox"/></td> <td>RANDY M. LUKEHART</td> <td>2017 SO. LEADVILLE</td> <td>BOISE</td> <td>IDAHO</td> <td></td> <td>83706</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> <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 type="checkbox"/>	RANDY M. LUKEHART	2017 SO. LEADVILLE	BOISE	IDAHO		83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <b>IDAHO</b> <b>W 28393</b>		6. Signature: <u><i>Randy M. Lukehart</i></u> Date: <u>10-31-13</u> Name (type or print): <u>RANDY M. LUKEHART</u> Title: <u>MANAGER</u>																																				

Issued 10/31/2013 by JL1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM