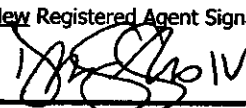
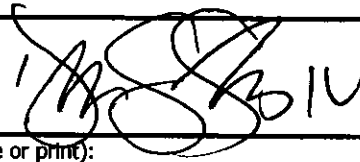


No. W 93377	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) MARTIN SANDERS 1830 MT DAVIDSON DR DRIGGS ID 83422 DAN S SANDERS 975 W 9000 S VICTOR, ID 83455
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ENHANCE DESIGNSCAPES LLC. DAN S SANDERS 1830 MT DAVIDSON DR DRIGGS ID 83422 USA 975 W 9000 S VICTOR, ID 83455		3. <u>New</u> Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> DAN S SANDERS 975 W 9000 S VICTOR ID USA 83455			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> MARTIN SANDERS PO Box 264 VICTOR ID USA 83455			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 93377 </div>		6. Signature:  <hr/> Name (type or print): <div style="text-align: center; font-weight: bold; font-size: large;"> DAN S SANDERS </div>	
		Date: <u>1-29-14</u> <hr/> Title: <div style="text-align: center; font-weight: bold; font-size: large;"> CO-OWNER </div>	

Issued 01/24/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM