

No. <b>W 67022</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/08/2009</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AMY JO WALLING <del>273 WINGED FOOT PLACE</del> EAGLE ID 83616 82 W chrisfield Dr. Meridian ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PRUNE HILL PROPERTIES, LLC AMY J WALLING <del>273 WINGED FOOT PLACE</del> <del>EAGLE ID 83616</del> 82 W chrisfield Dr. Meridian ID 83646		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Amy Jo Walling</td> <td>82 W chrisfield Dr.</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83646</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"/>	Amy Jo Walling	82 W chrisfield Dr.	Meridian	ID	USA	83646	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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 67022</b> </div>	6. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           Signature: <u>Amy Jo Walling</u> </td> <td style="width:50%;">           Date: <u>09/06/16</u> </td> </tr> <tr> <td>           Name (type or print): <u>Amy Jo Walling</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>			Signature: <u>Amy Jo Walling</u>	Date: <u>09/06/16</u>	Name (type or print): <u>Amy Jo Walling</u>	Title: <u>Manager</u>																															
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