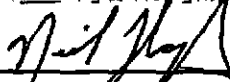
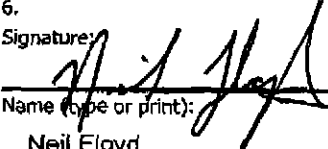


W 34082

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No. W 34082	Reinstatement Annual Report Form ADMIN DISSOLVED 01/04/2008		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PETERSON POINTE HOMEOWNERS, LLC 10260 S 600 E REXBURG ID 83440 630 Autumn Drive Rexburg, ID 83440	RAY G PETERSON 10260 S 600 E REXBURG ID 83440 Neil Floyd 630 Autumn Drive Rexburg, ID 83440	
REINSTATEMENT FEE DUE: \$30.00			3. New 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"/>	Neil Floyd	630 Autumn Drive, Rexburg, ID, USA, 83440	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ray Peterson	10260 S 600 E, Rexburg, ID, USA, 83440	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dean Peterson	586 Chad Drive, Rexburg, ID USA, 83440	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6.	
IDAHO W 34082		Signature:  Name (type or print): Neil Floyd	Date: <u>5/3/16</u> Title: <u>Member</u>
Issued 05/03/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the