



No. W 102952	Reinstatement Annual Report Form		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IFALL PROPERTIES LLC MARK BITTON 477 TAFT AVE SUITE A POCATELLO ID 83201 <i>2421 Malaga Ave.</i> <i>Santa Clara, UT 84765</i>		MARK BITTON <i>Paul Bitten</i> 477 TAFT AVE SUITE A POCATELLO ID 83201 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Mark Bitten</i></td> <td><i>2421 Malaga Ave.</i></td> <td><i>Santa Clara</i></td> <td><i>UT</i></td> <td><i>USA</i></td> <td><i>84765</i></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"/>	<i>Mark Bitten</i>	<i>2421 Malaga Ave.</i>	<i>Santa Clara</i>	<i>UT</i>	<i>USA</i>	<i>84765</i>	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: IDAHO W 102952		6. Signature:  Name (type or print): <i>Mark Bitten</i> Date: <i>1/27/14</i> Title: <i>Manager</i>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM