


No. <b>W 13062</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/22/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> Need to Appoint  <i>SEE ATTACHED</i>																																			
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> MCNEIL BUSINESS PARK, L.L.C. SAM COOK 1070 RIVERWALK DR STE 200 IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature.																																			
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>Lorin Walker</td> <td>1070 Riverwalk Dr Ste 200</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83274</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"/>	Lorin Walker	1070 Riverwalk Dr Ste 200	Idaho Falls	ID	USA	83274	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 13062</b>		6. Signature:  Date: <u>10/11/16</u> Name (type or print): <u>LOREN WALKER</u> Title: <u>MANAGER</u>																																				
Issued 10/12/2016 by online <span style="float: right;">0</span>																																						

PREVIOUSLY APPLIED 10/1/2011



**STATEMENT OF CHANGE OF  
REGISTERED AGENT,  
REGISTERED OFFICE,  
OR BOTH**

(See reverse for instructions)

SECRETARY OF STATE  
STATE OF IDAHO

File # W 13062

The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the entity is:  
McNeil Business Park, L.L.C.
2. The name and street address of its old registered agent and office is:  
Bart M. Davis  
1075 S. Utah Avenue Suite 322  
Idaho Falls, ID 83402
3. The name and street address of its new registered agent and office in Idaho is:  
Peter D. Christofferson, Esq.  
1000 Riverwalk Drive Suite 200  
(not a PO box or PMB)  
Idaho Falls, ID 83402

I consent to serve as registered agent for the above-named entity.

Peter Christofferson  
(Signature of new registered agent)

9-30-2016  
(Date)

Dated: 9/30/2016

Signature: Lorin Walker

Printed: Lorin Walker

Capacity: Manager

FILE ONE COPY

NO FEE REQUIRED