





| No. W 125053 | Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) E ZACH GARNER 12387 W ENGLEMAN DR BOISE ID 83713 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------------------|--|----------------------|----------|-----------------------|---------------|-------------|--|---------------|----------------------|-------|----|-------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. ZOMBIE ACRES LLC E ZACH GARNER 12387 W ENGLEMAN DR BOISE ID 83713 | | 3. <u>New</u> 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 checked="" type="checkbox"/></td> <td>E Zach Garner</td> <td>12387 W Engelman Dr.</td> <td>Boise</td> <td>ID</td> <td>83713</td> <td>USA</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 checked="" type="checkbox"/> | E Zach Garner | 12387 W Engelman Dr. | Boise | ID | 83713 | USA | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | E Zach Garner | 12387 W Engelman Dr. | Boise | ID | 83713 | USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 125053 | | 6. <table border="1"> <tr> <td>Signature:</td> <td></td> <td>Date:</td> <td>7/7/2016</td> </tr> <tr> <td>Name (type or print):</td> <td>E Zach Garner</td> <td>Title:</td> <td>Owner</td> </tr> </table> | | Signature: |  | Date: | 7/7/2016 | Name (type or print): | E Zach Garner | Title: | Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | Date: | 7/7/2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): | E Zach Garner | Title: | Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |