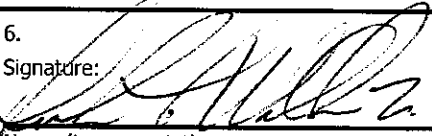


No. W 106313	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX) BRITAIN T WALKER JR 15 HOLCOMB DR BOISE ID 83716
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TREASURE VALLEY LIFT, LLC 15 HOLCOMB DR BOISE ID 83716		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 checked="" type="checkbox"/> Member <input type="checkbox"/>	BRITAIN T WALKER JR.	15 HOLCOMB DR.	BOISE	ID	US	83716
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STACY AUBREY	15 HOLCOMB DR.	BOISE	ID	US	83716
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 106313 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): BRITAIN T. WALKER JR </div> <div style="width: 35%; text-align: right;"> Date: 12/5/2012 <hr/> Title: OWNER </div> </div>
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Issued 11/19/2012 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM