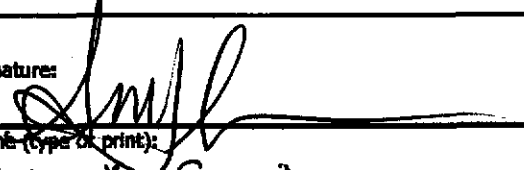


No. <b>W 47310</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/07/2007</b>		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. A & M PROPERTIES, LLC AMY R SCRIBNER <del>PO BOX 1425</del> <del>PRIEST RIVER ID 83856</del> <b>948 Hoodoo Loop Rd</b> <b>Oldtown, ID 83822</b>		AMY R SCRIBNER <del>3445 EASTSIDE RD</del> <del>PRIEST RIVER ID 83856</del> <b>948 Hoodoo Loop Rd</b> <b>Oldtown, ID 83822</b>																																			
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>Amy R Scribner</td> <td>948 Hoodoo Loop</td> <td>Oldtown</td> <td>ID</td> <td>Bonner</td> <td>83822</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Marshall Thompson</td> <td>948 Hoodoo Loop</td> <td>Oldtown</td> <td>ID</td> <td>Bonner</td> <td>83822</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"/>	Amy R Scribner	948 Hoodoo Loop	Oldtown	ID	Bonner	83822	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Marshall Thompson	948 Hoodoo Loop	Oldtown	ID	Bonner	83822	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.	
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 47310</b>	6. Signatures:  Name (type or print): <b>Amy R Scribner</b> Date: <b>6-10-12</b> Title:																																					

Issued 08/10/2012 by JLI

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**