





No. W 70008	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) TERRY L RINEARSON TRACY KASPER 2805 BLAINE ST STE 200 CALDWELL ID 83605																						
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. COMMUNITY LAND & DEVELOPMENT GROUP, LLC 2805 BLAINE ST STE 200 CALDWELL ID 83605				3. New Registered Agent Signature. 																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</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>MEMBER/MANAGER</td><td>TRACY KASPER</td><td>2805 Blaine St., Suite 200,</td><td>Caldwell</td><td>ID</td><td></td><td>83605</td></tr><tr><td>MEMBER/MANAGER</td><td>STEPHANIE ROHRDANZ</td><td>2805 Blaine St., Suite 200,</td><td>Caldwell</td><td>ID</td><td></td><td>83605</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MEMBER/MANAGER	TRACY KASPER	2805 Blaine St., Suite 200,	Caldwell	ID		83605	MEMBER/MANAGER	STEPHANIE ROHRDANZ	2805 Blaine St., Suite 200,	Caldwell	ID		83605
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5. Organized Under the Laws of: IDAHO W 70008		6. <table border="1"><tr><td>Signature: </td><td>Date: 9-15-10</td></tr><tr><td>Name (type or print): TRACY KASPER</td><td>Title: MANAGER</td></tr></table>			Signature: 	Date: 9-15-10	Name (type or print): TRACY KASPER	Title: MANAGER																	
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