

No. W 25000	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) B CHILDRESS 420 CEDAR ST WALLACE ID 83573
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. PROPERTY MANAGMENT SERVICES, LLC 1188 COURT ST. # 97 1346 IDAHO ST #81 ELK NV 89801		3. <u>New</u> Registered Agent Signature.

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
<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;"> <div style="font-size: 8px;">Manager</div> <div style="font-size: 8px;">Member</div> </div> <div style="font-size: 8px;">(circle one)</div>	PATRICK CHAPMAN 1188 COURT ST. #97, ELKO, NEVADA 89801					

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 25000 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Patrick Chapman</u> </td> <td style="width: 30%;"> Date: <u>5/9/2011</u> </td> </tr> <tr> <td> Name (type or print): <u>PATRICK CHAPMAN</u> </td> <td> Title: <u>MGR.</u> </td> </tr> </table>	Signature: <u>Patrick Chapman</u>	Date: <u>5/9/2011</u>	Name (type or print): <u>PATRICK CHAPMAN</u>	Title: <u>MGR.</u>
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