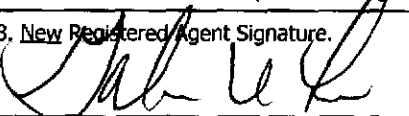
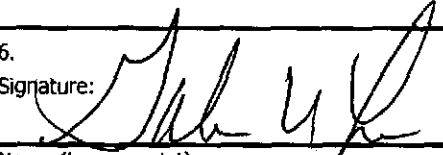


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No. W 93166	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) PAUL J STARK 660 E FRANKLIN RD STE 110 MERIDIAN ID 83642 GALEN V. LEE 2770 SW 1 st AVE NEW PLYMOUTH, ID 83655																																				
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. TRIPLE R STABLES & ARENA, LLC PAUL J STARK 660 E FRANKLIN RD STE 110 MERIDIAN ID 83642 GALEN V. LEE 2770 SW 1 st AVE NEW PLYMOUTH, ID 83655		3. New 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>GALEN V. LEE</td> <td>2770 SW 1st AVE</td> <td>NEW PLYMOUTH,</td> <td>ID</td> <td>USA</td> <td>83655</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CINETA LEE</td> <td>2770 SW 1st AVE</td> <td>NEW PLYMOUTH,</td> <td>ID</td> <td>USA</td> <td>83655</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"/>	GALEN V. LEE	2770 SW 1 st AVE	NEW PLYMOUTH,	ID	USA	83655	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CINETA LEE	2770 SW 1 st AVE	NEW PLYMOUTH,	ID	USA	83655	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 93166		6. Signature:  Name (type or print): <u>GALEN V. LEE</u> Date: <u>13 MAY 14</u> Title: <u>MBR / MBR</u>																																					

Issued 05/09/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.