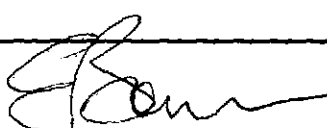


No. <b>W 112686</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/26/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ED BOWMAN 802 KNOX PLACE STAR ID 83669
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> COTTONWOOD ADVISORS LLC ED BOWMAN 802 KNOX PLACE STAR ID 83669		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> ED BOWMAN      802 N. KNOX AVE, STAR, ID      83669			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-weight: bold; font-size: large;">             IDAHO              W 112686           </div>		6. Signature:  <hr/> Name (type or print): <hr/> <div style="text-align: right;">         Date: <u>8/28/17</u>          Title: _____       </div>	
Issued 08/28/2017 by CLH			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM