| No. W 27341 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 03/04/2010 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | **1. Mailing Address: Correct in this box if needed.**<br>GENERATION II, LLC<br>1805 W ~~SPANISH BAY DR~~ 2015 E PATHFINDER<br>~~EAGLE~~ ID 83616<br>MERIDIAN ID 83646 | OLIVER CLEAVER<br>1790 W ~~SPANISH~~ BAY DR<br>EAGLE ID 83616<br>2015 E PATHFINDER<br>MERIDIAN ID 83646 |
| **REINSTATEMENT FEE DUE: $30.00** | | 3. New 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 |
|---|---|---|---|---|---|---|
| Manager ☑ Member ☐ | OLIVER CLEAVER | 2015 E. PATHFINDER | MERIDIAN | ID | | 83646 |
| Manager ☑ Member ☐ | DEBBIE CLEAVER | 2015 E. PATHFINDER | MERIDIAN | ID | | 83646 |
| Manager ☐ Member ☑ | NICOLE WILLIAMS | 2015 E. PATHFINDER | MERIDIAN | ID | | 83646 |
| Manager ☐ Member ☑ | KRISTINA CLEAVER | 2015 E PATHFINDER | MERIDIAN | ID | | 83646 |

| 5. Organized Under the Laws of: | 6. Signature: | Date: |
|---|---|---|
| IDAHO<br>W 27341 | Oliver Cleaver | 5/9/12 |
| | Name (type or print): OLIVER CLEAVER | Title: MANAGER |

Issued 05/09/2012 by CLH

## 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.**