No. W 113815 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014	2. Registered Agent and Office (NOT A P.O. BOX) MALISSA PIZSKER 115 FOREST PL DONNELLY ID 83615
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FLP PROPERTY LLC. MALISSA PIZSKER PO BOX 1243 DONNELLY ID 83615	
reinstatement fee due: \$30.00		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 Manager Member Malissa Piszker Po Box 1243 Dehnelly ID Valley 83615		
Manager Member Member Manager Member		
5. Organized Under the Lat IDAHO W 113815 Issued 12/16/2014 by JL1	Signature: Malison Finance (type or print):	Date: 12/14/2014 Title: Manager

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