



| No. W 66640 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013 | | 2. Registered Agent and Office (NOT A P.O. BOX) STANLEY D LOTT 151 E 100 N JEROME ID 83338 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------|---|--|---------|-------------|---------|-------------|---|----------------|--------------|--------|------|-----|-------|--|--------------|--------------|--------|------|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 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. ACUTY, LLC CATHRYN N LOTT 151 E 100 N JEROME ID 83338 USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 type="checkbox"/></td> <td>Stanley D Lott</td> <td>151 E 100 N,</td> <td>Jerome</td> <td>IDA.</td> <td>USA</td> <td>83338</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CATHRYN Lott</td> <td>151 E 100 N.</td> <td>Jerome</td> <td>IDA.</td> <td>USA</td> <td>83338</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 type="checkbox"/> | Stanley D Lott | 151 E 100 N, | Jerome | IDA. | USA | 83338 | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | CATHRYN Lott | 151 E 100 N. | Jerome | IDA. | USA | 83338 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | 3. New Registered Agent Signature.  |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Stanley D Lott | 151 E 100 N, | Jerome | IDA. | USA | 83338 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | CATHRYN Lott | 151 E 100 N. | Jerome | IDA. | USA | 83338 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 66640 | 6. Signature:  Name (type or print): <u>Stanley D Lott</u> | | | Date: <u>4-7-14</u> Title: <u>MANAGER</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM