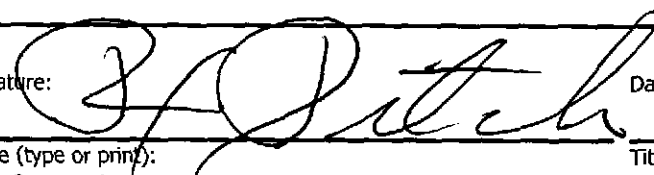


<b>No. W 24802</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/10/2013</b>  <b>1. Mailing Address: Correct in this box if needed.</b> GREENACRES LIMITED LIABILITY COMPANY REX PITCHER 303 SOUTH STATE STREET PRESTON ID 83263 USA	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> REX PITCHER 110 E VALLEY VIEW DR PRESTON ID 83263  <b>3. <u>New</u> Registered Agent Signature.</b>				
<b>4. 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"/>	<i>Pipe Systems, LLC      303 So. State      Preston ID      Franklin      83263</i>					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Rex Pitcher      803 So. State      Preston, ID      Franklin      83263</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO W 24802           </div>	<b>6.</b> Signature:  Date: <u>5/8/14</u> <hr/> Name (type or print): <u>Rex Pitcher</u> Title: <u>Member</u>					
Issued 04/28/2014 by SLD						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM