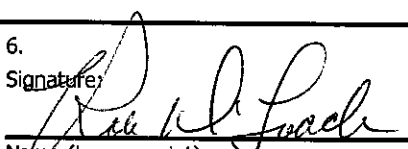


No. W 107954	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT V DELOACH 525 W POOLE AVE POCATELLO ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SABRA MANAGEMENT, LLC ROBERT V DELOACH 525 W POOLE AVE POCATELLO ID 83201		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>GEMINI FAMILY TRUST 525 W POOLE AVE POCATELLO, ID USA 83201</i>			
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 107954 </div>		6. Signature:  <hr/> Name (type or print): <i>ROBERT V DELOACH</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <i>6-7-13</i> <hr/> Title: <i>REGISTERED AGENT</i> <hr/> </div> </div>	
Issued 01/22/2013 by JL1			