

No. W 92680	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) KARRIE RAINÉ 2699 S MAYFLOWER WAY BOISE ID 83709	
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. FALKAN MANAGEMENT COMPANY LLC 2699 S MAYFLOWER WAY BOISE ID 83709		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	Karré Raine	2699 S. Mayflower Way	BOISE	ID	ADA	83709
Member	Andrew Falkowski	" " "	"	"	"	"
member	Mountain West RA, Inc.	10096 W. Fairview Ave Ste. 160	BOISE	ID	ADA	83704

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 92680</div>	6. <div style="margin-top: 10px;"> Signature: <u><i>Karré Raine</i></u> <div style="float: right;">Date: <u>9-30-2011</u></div> </div> <div style="margin-top: 10px;"> Name (type or print): <u>Karré Raine</u> <div style="float: right;">Title: <u>Owner & Property manager</u></div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.