


| No. <b>W 28408</b>   | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 05/25/2016</b>   |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b>  |                   |         |                      |      |       |         |             |  |              |                    |             |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|-------------------|---------|----------------------|------|-------|---------|-------------|--|--------------|--------------------|-------------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>JAMES MADISON TAYLOR BUILDING, LLC<br>PRESTON R WALKER<br>1070 RIVERWALK DRIVE<br>SUITE 200<br>IDAHO FALLS ID 83402 |   | PETER D CHRISTOFFERSON ESQ<br>1000 RIVERWALK DR STE 200<br>IDAHO FALLS ID 83402<br><br>3. <u>New</u> Registered Agent Signature. |                   |         |                      |      |       |         |             |  |              |                    |             |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 checked="" type="checkbox"/></td> <td>Lorin Walker</td> <td>1070 Riverwalk Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83402</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> <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 checked="" type="checkbox"/> | Lorin Walker | 1070 Riverwalk Dr. | Idaho Falls | ID |  | 83402 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name   | Street or PO Address  | City   | State             | Country | Postal Code          |      |       |         |             |  |              |                    |             |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>   | Lorin Walker   | 1070 Riverwalk Dr.  | Idaho Falls  | ID                |         | 83402                |      |       |         |             |  |              |                    |             |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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:<br><br><b>IDAHO<br/>W 28408</b>  |  | 6. Signature: <br>Date: <u>10/17/16</u><br>Name (type or print): <u>LORIN WALKER</u><br>Title: <u>MANAGER</u> |  |                   |         |                      |      |       |         |             |  |              |                    |             |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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INSTRUCTIONS FOR THE ANNUAL REPORT FORM