




No. W 135715	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL WILLIAMS 1303 W STATE ST STE B BOISE ID 83702-9266
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CAERUS PROPERTY GROUP, LLC MICHAEL WILLIAMS 2901 W COAST HWY STE 200 NEWPORT BEACH CA 92663		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael Williams	2901 W. COAST HWY #200	Newport Beach	CA	USA	92663
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;"> IDAHO W 135715 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 6/27/16 </td> </tr> <tr> <td> Name (type or print): Michael Williams </td> <td> Title: CEO </td> </tr> </table>	Signature: 	Date: 6/27/16	Name (type or print): Michael Williams	Title: CEO
Signature: 	Date: 6/27/16				
Name (type or print): Michael Williams	Title: CEO				

Issued 06/27/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM