

No. W 138349	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY T HOPKINS 3445 HARVEST MOON DR KIMBERLY ID 83341						
REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ON POINT INVESTORS, LLC TIMOTHY T HOPKINS 3445 HARVEST MOON DRIVE KIMBERLY ID 83341						
3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code	
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Tim Hopkins</i> 3445 Harvest Moon Kimberly ID 83341						
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: IDAHO W 138349		6. Signature: <i>Tim Hopkins</i>					Date: <u>8/28/17</u>
		Name (type or print):					Title: <u>Manager Member Owner</u>

Issued 08/28/2017 by online