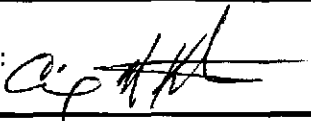


**FILED EFFECTIVE**

No. <b>W 28398</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS ID 83405-8404																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SOUTHSIDE ASSOCIATES OF IDAHO FALLS LLC <del>J. NADENE JENKINS</del> <del>3839 S AMERICAN WAY</del> <del>IDAHO FALLS ID 83402</del> <b>CRAIG KITCHENS, P.R.</b> <b>7549 S. WYNFORD</b> <b>COTTONWOOD HTS, UT 84121</b>		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 type="checkbox"/></td> <td>CRAIG KITCHENS</td> <td>7549 S. WYNFORD</td> <td>COTT. HTS</td> <td>UT</td> <td>USA</td> <td>84121</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 type="checkbox"/>	CRAIG KITCHENS	7549 S. WYNFORD	COTT. HTS	UT	USA	84121	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 28398</b>		6. Signature:  Date: <b>6/21/17</b> Name (type or print): <b>CRAIG N. KITCHENS P.R.</b> Title: <b>MANAGER</b>																																					