

No. W 69024 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) LESTER E SCHERR 333 BIRCH HAVEN DR SAGLE ID 83860																					
1. Mailing Address: Correct in this box if needed. SCHERR L.L.C. LESTER E SCHERR 333 BIRCH HAVEN DR SAGLE ID 83860		3. New Registered Agent Signature.																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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></td> <td>LESTER E. SCHERR</td> <td>333 Birch Haven Dr.</td> <td>SAGLE ID.</td> <td>BOONEN</td> <td></td> <td>83860</td> </tr> <tr> <td></td> <td>CONSTANCE M. SCHERR</td> <td>333 Birch Haven Dr.</td> <td>SAGLE ID.</td> <td>BOONEN</td> <td></td> <td>83860</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		LESTER E. SCHERR	333 Birch Haven Dr.	SAGLE ID.	BOONEN		83860		CONSTANCE M. SCHERR	333 Birch Haven Dr.	SAGLE ID.	BOONEN		83860
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5. Organized Under the Laws of: IDAHO W 69024		6. Signature: <u>Lester E. Scherr</u> Date: <u>3/15/2010</u> Name (type or print): <u>LESTER E. SCHERR</u> Title: <u>Co-Manager</u>																						

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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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:**