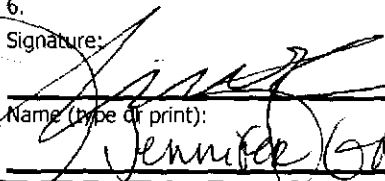


**FILED EFFECTIVE**

| No. <b>W 49327</b>  |                   | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 07/15/2014</b>   |           | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JENNIFER GARRISON<br><del>800 GREEN DRIVE</del> <i>928 N. Main</i><br>POCATELLO ID 83204 |         |                   |      |                      |      |       |         |             |   |                   |             |           |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------------|--|-----------|---|---------|-------------------|------|----------------------|------|-------|---------|-------------|---|-------------------|-------------|-----------|----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                   | 1. Mailing Address: Correct in this box if needed.<br>BRICKS & STICKS REAL ESTATE CO., LLC<br>JENNIFER GARRISON<br><del>800 GREEN DRIVE</del> <i>928 N. Main</i><br>POCATELLO ID 83204             |           |   |         |                   |      |                      |      |       |         |             |   |                   |             |           |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>REINSTATEMENT FEE<br/>DUE: \$30.00</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>Jennifer Garrison</td><td>928 N. Main</td><td>Pocatello</td><td>ID</td><td>83204</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><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"/> | Jennifer Garrison | 928 N. Main | Pocatello | ID | 83204 |  | 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 type="checkbox"/>   | Jennifer Garrison | 928 N. Main  | Pocatello | ID  | 83204   |                   |      |                      |      |       |         |             |   |                   |             |           |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 49327</b>   |                   | 6.<br>Signature: <br>Name (type or print): <u>Jennifer Garrison</u><br>Date: <u>9-3-15</u><br>Title: <u>owner</u> |           |   |         |                   |      |                      |      |       |         |             |   |                   |             |           |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 09/03/2015 by SLD  |                   |  |           |   |         |                   |      |                      |      |       |         |             |   |                   |             |           |    |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.