


No. <b>W 146134</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL W BROWN 520 FIRST AMERICAN CIR REXBURG ID 83440																																			
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> UNITED INVESTMENTS LLC RICK T GRAY <del>3827 E 12TH N</del> <b>130 N 4010 E</b> RIGBY ID 83442 USA		3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<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>Rick T Gray</td> <td>130 N 4010 E</td> <td>Rigby</td> <td>ID</td> <td>USA</td> <td>83442</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Amber Ann Gray</td> <td>130 N 4010 E</td> <td>Rigby</td> <td>ID</td> <td>USA</td> <td>83442</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"/>	Rick T Gray	130 N 4010 E	Rigby	ID	USA	83442	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amber Ann Gray	130 N 4010 E	Rigby	ID	USA	83442	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"/>	Rick T Gray	130 N 4010 E	Rigby	ID	USA	83442																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amber Ann Gray	130 N 4010 E	Rigby	ID	USA	83442																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 146134</b>	6. Signature:  Date: <b>5/22/17</b> Name (type or print): <u>Rick T Gray</u> Title: <u>Manager</u>																																					
Issued 05/16/2017 by SAT																																						

**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