

FILED EFFECTIVE

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| No. W 154650 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016 | | 2. Registered Agent and Office (NOT A P.O. BOX) |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. HOMBYREBECCA, LLC 121 EMERALD KETCHUM ID 83340 <i>P.O. Box 1884</i> <i>Ketchum, ID</i> | | UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA |
| REINSTATEMENT FEE DUE: \$30.00 | | | 3. <u>New</u> Registered Agent Signature. |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | |
| Manager or Member | Name | Street or PO Address | City State Country Postal Code |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | <i>Rebecca Pierce</i> | <i>P.O. Box 1884</i> | <i>Ketchum, ID USA 83340</i> |
| 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 154650 | 6. Signature: <i>[Signature]</i> Date: <i>1-6-17</i> Name (type or print): <i>Rebecca C M Pierce</i> Title: <i>Home Stager</i> <i>Manager</i> | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM