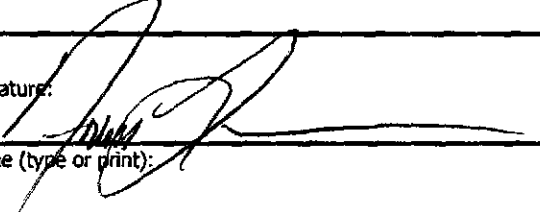


No. W 88727	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) FORREST LEBARON 2716 ADDISON AVE E TWIN FALLS ID 83301-8330																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SECURE PROPERTIES, LLC FORREST LEBARON 2716 ADDISON AVE E TWIN FALLS ID 83301		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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Forrest Lebaron, 2716 Addison Ave E, Twin Falls ID 83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Forrest Lebaron, 2716 Addison Ave E, Twin Falls ID 83301						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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Forrest Lebaron, 2716 Addison Ave E, Twin Falls ID 83301																																					
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 88727	6. Signature:  Name (type or print):		Date: <u>1-15-18</u> Title:																																			
Issued 01/10/2018 by online																																						