

| <b>No. W 61016</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/28/2017</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>POCATELLO MAIN, L.L.C<br>MARJORIE SCHMAEHL<br>PO BOX 1492<br>KAMIAH ID 83536-1492 |                      | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>MARJORIE SCHMAEHL<br>3250 HIWAY 12 MP 64<br>KAMIAH ID 83536<br><br><b>3. <u>New</u> Registered Agent Signature.</b> |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|----------------------|---|-------|----------------------|-------------|-------|---------|-------------|--|------------------|-------------|--------|----|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>  |  |                      |   |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 30%; text-align: left;">Name</th> <th style="width: 30%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 5%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Margorie Schmahl</td> <td>PO Box 1492</td> <td>Kamiah</td> <td>ID</td> <td>Lewis</td> <td>83536</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 checked="" type="checkbox"/> | Margorie Schmahl | PO Box 1492 | Kamiah | ID | Lewis | 83536 | 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 checked="" type="checkbox"/>  | Margorie Schmahl   | PO Box 1492          | Kamiah  | ID    | Lewis                | 83536       |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |                      |   |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |                      |   |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |                      |   |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center; font-weight: bold;">IDAHO<br/>W 61016</div>   | <b>6.</b><br>Signature: <u>Margorie F Schmahl</u> Date: <u>7/11/17</u><br>Name (type or print): <u>Margorie F Schmahl</u> Title: <u>Manager</u>  |                      |   |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 07/06/2017 by SAT  |  |                      |   |       |                      |             |       |         |             |  |                  |             |        |    |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |