No. W 69545 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010 1. Mailing Address: Correct in this box if needed. HENDERSON PROPERTIES LLC DARRELL HENDERSON 11500 W WHISPERING CLIFFS POCATELLO ID 83202	2. Registered Agent and Office (NOT A P.O. BOX) DARRELL HENDERSON 410 S BROADWAY BLACKFOOT ID 83221 3. New Registered Agent Signature.			
reinstatement fee due: \$30.00	•				
4. Limited Liability Compani Office Held Nam	es: Enter Names and Addresses of Managers OR Members. e Street or PO Address	City	State	Country	Postal Code
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5. Organized Under the Law IDAHO	s of: 6. Signature: Variet Aenderson		for the second	Date:	LIL -10
W 69545	Name (type or print): DARRELL HENDE	RSOD			16-10 lumber
Issued 03/12/2010 by LJM			,		Vicus

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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: Enter names and business addresses of management. Note: <u>Do not put "same as last year" or "same as above".</u>

These will not be accepted.

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Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.