

No. <b>W 84438</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/07/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JAMES HOLTZCLAW 1009 S. WELLS STE 200 MERIDIAN ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HOLTZCLAW PROPERTIES, LLC <del>1009 S. WELLS</del> <i>3720 N. Heritage view Ave</i> <del>STE 200</del> MERIDIAN ID 83646		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>James Holtzclaw</i>	<i>3720 N. Heritage view</i>	<i>Meridian</i>	<i>ID</i>	<i>83646</i>	<i>83646</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:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 84438</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date:  <i>12 July 13</i> </td> </tr> <tr> <td>           Name (type or print):  <i>James Holtzclaw</i> </td> <td>           Title:  <i>owner</i> </td> </tr> </table>	Signature: 	Date: <i>12 July 13</i>	Name (type or print): <i>James Holtzclaw</i>	Title: <i>owner</i>
Signature: 	Date: <i>12 July 13</i>				
Name (type or print): <i>James Holtzclaw</i>	Title: <i>owner</i>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM