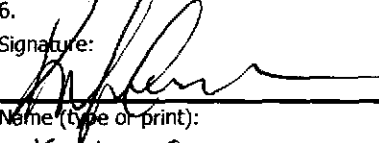
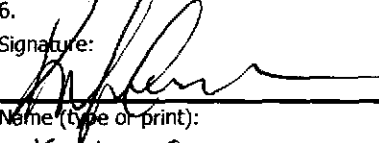
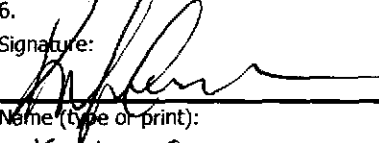


No. W 137681	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) KYLE GAUSE 302 WASHINGTON ST N TWIN FALLS ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GAUSE'S PROPERTY PRESERVATION LLC 302 WASHINGTON ST N TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kyle Gause</td> <td>302 Washington St N</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> <td>USA</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 type="checkbox"/>	Kyle Gause	302 Washington St N	Twin Falls,	ID	83301	USA	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 137681		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>12/5/17</u></td> </tr> <tr> <td>Name (type or print): <u>Kyle Gause</u></td> <td>Title: <u>owner</u></td> </tr> </table>		Signature: 	Date: <u>12/5/17</u>	Name (type or print): <u>Kyle Gause</u>	Title: <u>owner</u>																															
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Issued 12/05/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. The following information may not be altered through the use of this form. Pay special attention to the mailing address. If the