

| No. <b>W 29148</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 06/23/2016</b>                                                                                                                                             |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>ANGELA DURTSCHI<br>3975 SILVERADO<br>IDAHO FALLS ID 83404 |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
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| 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<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. <b>Mailing Address: Correct in this box if needed.</b><br>FANNING 775, LLC<br>JAKE D DURTSCHI<br><del>797 PISCADERO</del> <b>490 PARK AVE</b><br><del>IDAHO FALLS ID 83404</del> <b>SUITE 1</b><br><b>83402</b> |                      | 3. <u>New</u> Registered Agent Signature.                                                                              |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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>LYNN KERZMAN</td> <td>797 Piscadero Place</td> <td>IDAHO FALLS</td> <td>ID</td> <td></td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cynthia KERZMAN</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | LYNN KERZMAN | 797 Piscadero Place | IDAHO FALLS | ID |  | 83404 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Cynthia KERZMAN |  |  |  |  |  | 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LYNN KERZMAN                                                                                                                                                                                                       | 797 Piscadero Place  | IDAHO FALLS                                                                                                            | ID                |         | 83404                |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Cynthia KERZMAN                                                                                                                                                                                                    |                      |                                                                                                                        |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                      |                                                                                                                        |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                      |                                                                                                                        |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 29148</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. Signature: <u></u><br>Date: <u>7-6-2016</u><br>Name (type or print): <u>LYNN KERZMAN</u><br>Title: <u>member</u>               |                      |                                                                                                                        |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Issued 07/05/2016 by online                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                      |                                                                                                                        |                   |         |                      |      |       |         |             |                                                                             |              |                     |             |    |  |       |                                                                             |                 |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |