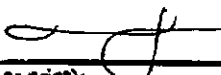


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No. W 29220	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. REAL ESTATE SOLUTIONS NW, LLC TERRANCE R NILES 1313 BIRCH AVE COEUR D'ALENE ID 83814 USA 203 S. Harbor Park Ct. Post Falls, ID 83854		TERRANCE R NILES JR 1313 BIRCH AVE COEUR D'ALENE ID 83814 203 S. Harbor Park Ct. Post Falls, ID 83854																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
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 ☒ Member ☐</td> <td>Terrance² Niles</td> <td>203 S. Harbor Park Ct</td> <td>Post Falls</td> <td>ID</td> <td>U.S.</td> <td>83854</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Terrance ² Niles	203 S. Harbor Park Ct	Post Falls	ID	U.S.	83854	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 29220		6. Signature:  Name (type or print): <u>Terrance R. Niles</u> Date: <u>7/27/13</u> Title: <u>Manager</u>																																				