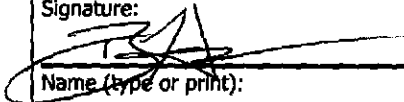


<p><b>No. W 99989</b></p>	<p><b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017</b></p>	<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BENJAMIN HOFFMAN 148 S 5TH WEST REXBURG ID 83440</p>
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b> INTEGRATED RESOURCE PARTNERS, LLC BENJAMIN J HOFFMAN 148 S 5TH WEST REXBURG ID 83440</p>	<p>3. <u>New</u> Registered Agent Signature.</p>
<p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>		

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 checked="" type="checkbox"/> Member <input type="checkbox"/>	BENJAMIN HOFFMAN	148 S 5th W	REXBURG	10	MADEIRA	83440
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<p>5. Organized Under the Laws of:</p> <p style="text-align: center;"><b>IDAHO W 99989</b></p>	<p>6.</p> <p>Signature: </p> <p>Name (type or print): <u>BENJAMIN HOFFMAN</u></p> <p>Date: <u>10 24 2017</u></p> <p>Title: <u>MANAGER</u></p>
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