

No. W 142010	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		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. ALR PROPERTIES, LLC ARLON L ROACH 716 E GREENWAY IDAHO FALLS ID 83404		ARLON L ROACH 716 E GREENWAY IDAHO FALLS ID 83404																																				
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ARLON L. ROACH</td> <td>716 E. GREENWAY</td> <td>IF</td> <td>IA</td> <td></td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LISA M ROACH</td> <td>716 E. GREENWAY</td> <td>IF</td> <td>IA</td> <td></td> <td>83404</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"/>	ARLON L. ROACH	716 E. GREENWAY	IF	IA		83404	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LISA M ROACH	716 E. GREENWAY	IF	IA		83404	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 checked="" type="checkbox"/> Member <input type="checkbox"/>	ARLON L. ROACH	716 E. GREENWAY	IF	IA		83404																																	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LISA M ROACH	716 E. GREENWAY	IF	IA		83404																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
5. Organized Under the Laws of: IDAHO W 142010		6. Signature: <u>Arton L. Roach</u> Date: <u>2/12/18</u> Name (type or print): <u>ARLON L. ROACH</u> Title: <u>OWNER/MANAGER</u>																																					