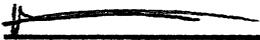


No. W 66566	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) MORGAN M GRIFFIN Astle 2710 WYMER ST 12641 Lake Shore Dr. BOISE ID 83705 Nampa, ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CAPITAL PROPERTIES, LLC MORGAN M GRIFFIN Astle PO BOX 50203 12641 Lake Shore Dr. BOISE ID 83705 USA Nampa, ID 83684		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Morgan Astle</td> <td>12641 Lake Shore Dr.</td> <td>Nampa,</td> <td>ID</td> <td>Canyon</td> <td>83682</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"/>	Morgan Astle	12641 Lake Shore Dr.	Nampa,	ID	Canyon	83682	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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"/>	Morgan Astle	12641 Lake Shore Dr.	Nampa,	ID	Canyon	83682																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 66566	6. Signature:  Name (type or print): Morgan M. Astle Date: 3/7/2014 Title: Manager																																					
Issued 03/07/2014 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM