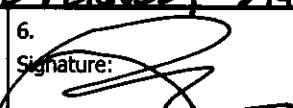


No. W 6298	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHRIS J MOORE 1219 IDAHO ST LEWISTON ID 83501	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  LENVILLE, LLC JANE K COZART 221 TIGER LILY RD. PILOT HILL CA 95664			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. New Registered Agent Signature.	
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"/>	JANE COZART	221 TIGER LILY	PILOT HILL CA	95664
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LAURA NASEL	48 ESTABUENO DRINDA CA		9558945604
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BEN KENNEDY	221 TIGER LILY RD	PILOT HILL CA	95664
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	PATRICK KENNEDY	"	"	"
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DONALD KENNEDY	3949 N. PEARDALE DR.	LAFAYETTE CA	94549
5. Organized Under the Laws of:	6.			
IDAHO W 6298	 Signature: Name (type or print): <u>JANE COZART</u>			
Date: <u>9/18/13</u> Title:				

Issued 09/13/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM