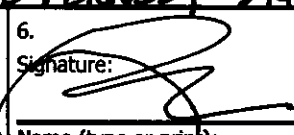


No. <b>W 6298</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CHRIS J MOORE 1219 IDAHO ST LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LENVILLE, LLC JANE K COZART 221 TIGER LILLY RD. PILOT HILL CA 95664		3. <u>New</u> 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 LILLY	PILOT HILL	CA		95664
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LAURA NAGEL	48 ESTABUENO	ORINDA	CA		<del>956</del> 94564
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BEN KENNEDY	221 TIGER LILLY RD	PILOT HILL	CA		95664
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	PATRICK KENNEDY					
	<input checked="" type="checkbox"/> DONALD KENNEDY	3949 N. PEARDALE DR.	LAFAYETTE	CA		94549

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 6298</div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:    <hr/>           Name (type or print):  <b>JANE COZART</b> </div> <div style="width: 35%; text-align: right;">           Date:  <b>9/18/13</b>  <hr/>           Title:         </div> </div>
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Issued 09/13/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM