No. W 53714	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012	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. PINE ROCK LLC ELISABETH E HALVORSON 9 12-12TH AVE S SUITE 10 8 NAMPA ID 83651-	ELISABETH HALVORSON 912-12TH AVE S#C NAMPA ID 83651 C/o Row Commercial LLC 6126 W. State Street Boise, ID 83703
REINSTATEMENT FEE DUE: \$30.00	40 Row Commercial LLC 6126 W State Street Boise, 10 83703	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□Member□ Elisableth Halvorson 85 Granada Drive, Corte Madera Manager□Member□ C7 USA 94925		
Manager 🗌 Member 🔲		
Manager 🗔 Member 🗔		
5. Organized Under the La		
IDAHO	Signature.	on 10 Harchs 7
W 53714	Name (type or print); Elisabeth E. Hallorsor	Title:
Issued 03/10/2017 by TLB		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office