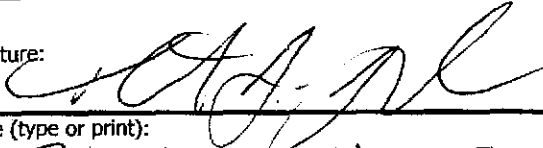


No. <b>W 32055</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT A ADAMS 821 RIM VIEW LN. W. TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> STONE RIDGE ESTATES, LLC ROBERT A ADAMS 821 RIM VIEW LN. W TWIN FALLS ID 83301		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"/>	ROBERT ADAMS	821 Rim View Ln. W. Twin Falls ID 83301	USA
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JANNETT ADAMS	821 Rim View Ln. W. Twin Falls, ID 83301	USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 32055</div>		6. Signature:  <hr/> Name (type or print): <u>Robert A. ADAMS</u> <div style="text-align: right;">           Date: <u>12/16/16</u>            Title: <u>Pres.</u> </div>	