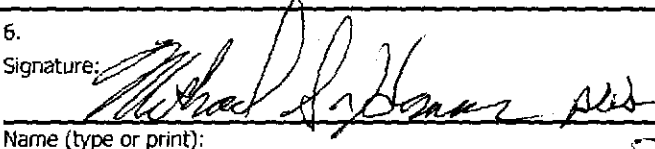


No. C 124893	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ORCHARD RETAIL SHOPPING CENTER, INC. MICHAEL S HOMAN 7402 TOBI ST BOISE ID 83714		MICHAEL S HOMAN 7402 TOBI ST BOISE ID 83714														
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Michael S. Homan</td> <td>7402 Tob St</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83714</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Michael S. Homan	7402 Tob St	Boise	ID	USA	83714
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Pres	Michael S. Homan	7402 Tob St	Boise	ID	USA	83714											
5. Organized Under the Laws of: IDAHO C 124893	6. Signature:  Date: 4-18-18 Name (type or print): MICHAEL S. HOMAN Title: President																

Issued 04/18/2018 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM