

No. W 109983	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX) RYAN R SHIPPEN 728 N 3500 E MENAN ID 83434
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SHIPPEN LANDS LLC RYAN R SHIPPEN 728 N 3500 E MENAN ID 83434		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"/>	Ryan Shippen	728 N 3500 E	Menan	ID		83434
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ronald Shippen	763 N 3500 E	Menan	ID		83434
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lorna Shippen	"	"	"	"	"
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:

IDAHO
W 109983

6.

Signature:

 Name (type or print):
Ryan R. Shippen

Date:
30 APR 13
 Title:
Manager

Issued 04/23/2013 by SLD

INSTRUCTIONS FOR THE REINSTATEMENT ANNUAL REPORT FORM