
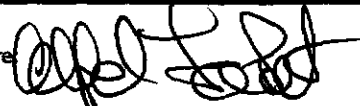


| No. W 38959 Return to: SECRETARY OF STATE 450 N 4th STREET BOISE, ID 83724-0080 REINSTATEMENT FEE DUE: \$30.00 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/06/2006 1. Mailing Address: Correct in this box if needed. CENTENNIAL SQUARE, LLC ALFRED LAPETER PO BOX 3881 KETCHUM ID 83340 114 Keoawa St. Lahaina, HI 96761 | 2. Registered Agent and Office (NOT A P.O. BOX) Daniel S. Snyder ALFRED LAPETER 54 ADAMS GULCH RD KETCHUM ID 83340 20021 Hoskins Rd. Caldwell, ID 83607 3. New Registered Agent Signature.  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|----------------|----------------|---------|----|--|-------|---|----------------|----------------|---------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Alfred Lapeter</td> <td>114 Keoawa St.</td> <td>Lahaina</td> <td>HI</td> <td></td> <td>96761</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sharon Lapeter</td> <td>114 Keoawa St.</td> <td>Lahaina</td> <td>HI</td> <td></td> <td>96761</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Alfred Lapeter | 114 Keoawa St. | Lahaina | HI | | 96761 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Sharon Lapeter | 114 Keoawa St. | Lahaina | HI | | 96761 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Alfred Lapeter | 114 Keoawa St. | Lahaina | HI | | 96761 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 38959 | 6. Signature:  Date: 6-14-12 Name (type or print): Alfred Lapeter Title: pres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 06/14/2012 by KAH

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.