

No. W 99409	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) TAYLOR WRIGHT 1546 FALCON DR AMMON ID 83406																																			
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. FIND A PLACE LLC 1546 FALCON DR AMMON ID 83406																																					
REINSTATEMENT FEE DUE: \$30.00			3. <u>Nil</u> 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 ☒ Member ☐</td> <td>Taylor Wright</td> <td>1546 Falcon Dr</td> <td>Ammon</td> <td>ID</td> <td>USA</td> <td>83406</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Taylor Wright	1546 Falcon Dr	Ammon	ID	USA	83406	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 99409	6. Signature: <u>Taylor Wright</u> Date: <u>4-24-12</u> Name (type or print): <u>Taylor Wright</u> Title: <u>Manager</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM