


No. W 8244	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2008		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. SIMONS PROPERTIES, L.L.C. 960 KELLY TOPANCE RD BANCROFT ID 83217		GRANT SIMONS 960 KELLY TOPANCE RD BANCROFT ID 83217																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Grant Simons</td> <td>960 Kelly Topance Rd</td> <td>Bancroft,</td> <td>ID</td> <td></td> <td>83217</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tonya Simons</td> <td>960 Kelly Topance Rd.</td> <td>Bancroft,</td> <td>ID</td> <td></td> <td>83217</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"/>	Grant Simons	960 Kelly Topance Rd	Bancroft,	ID		83217	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tonya Simons	960 Kelly Topance Rd.	Bancroft,	ID		83217	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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IDAHO W 8244		6. Signature:  Date: <u>3-6-18</u> Name (type or print): <u>Tonya Simons</u> Title: <u>Member</u>																																				
Issued 03/06/2018 by online																																						