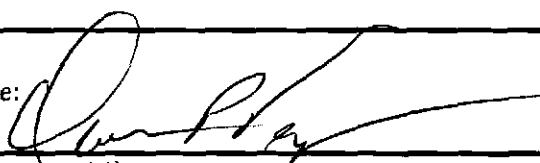


No. W 70229	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) OWEN TENNYSON 628 TOGSTAD CT NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ESCHTENN PROPERTY MANAGEMENT, LLC OWEN TENNYSON 628 TOGSTAD CT NAMPA ID 83651 USA		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	OWEN TENNYSON	628 TOGSTAD CT NAMPA ID	83651
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DEE TENNYSON	628 TOGSTAD CT NAMPA ID	83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 70229 </div>		6. Signature:  <hr/> Name (type or print): <u>OWEN P. TENNYSON</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>5/20/2015</u> Title: <u>MEMBER</u> </div> </div>	
Issued 05/20/2015 by online			