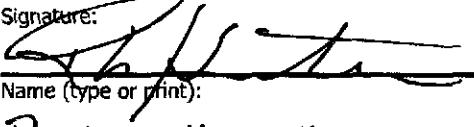


No. W 17593		Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017					2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: <b>Correct in this box if needed.</b> MEADOWOOD LLC LOIS M HAMILTON 524 3RD ST S #182 1203 E. Main Ave NAMPA ID 83651 83686					RANDEL L HAMILTON 1203 E MAINE AVE NAMPA ID 83686	
REINSTATEMENT FEE DUE: \$30.00							3. <u>New Registered Agent Signature.</u>	
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"/>		Randel L Hamilton 1203 E Main Ave Nampa, ID Canyon 83686						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Lois M Hamilton 1203 E Main Ave Nampa, ID Canyon 83686						
Manager <input type="checkbox"/> Member <input type="checkbox"/>								
Manager <input type="checkbox"/> Member <input type="checkbox"/>								
5. Organized Under the Laws of:			6.					
IDAHO W 17593			Signature: 					
			Date: <u>10-23-17</u>					
			Name (type or print): <u>Randal L. Hamilton</u>					
			Title: <u>Manager</u>					

Issued 10/23/2017 by online

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