




No. W 42963	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) MARK WRIGHT 1412 N POINTE DR TWIN FALLS ID 83301 → 414 Shoup Ave W Ste A																																			
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. MARK WRIGHT HOMES, LLC MARK WRIGHT 1412 N POINTE DR 414 Shoup Ave W Ste A TWIN FALLS ID 83301	3. <u>New</u> Registered Agent Signature:																																		
REINSTATEMENT FEE DUE: \$30.00																																						
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARK WRIGHT</td> <td>P.O. BOX 111</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83303</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	MARK WRIGHT	P.O. BOX 111	Twin Falls	ID	USA	83303	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 type="checkbox"/> Member <input checked="" type="checkbox"/>	MARK WRIGHT	P.O. BOX 111	Twin Falls	ID	USA	83303																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 42963		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 6-2-2017</td> </tr> <tr> <td>Name (type or print): MARK WRIGHT</td> <td>Title: Member</td> </tr> </table>		Signature: 	Date: 6-2-2017	Name (type or print): MARK WRIGHT	Title: Member																															
Signature: 	Date: 6-2-2017																																					
Name (type or print): MARK WRIGHT	Title: Member																																					

FILED