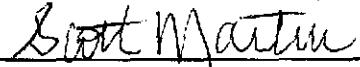
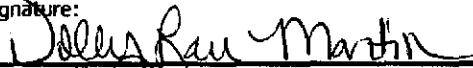


No. W 109768		Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SCOTT MARTIN 11 PERRO RD BELLEVUE ID 83313																																			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MARTIN CUTTING HORSES, LLC PO BOX 1194 BELLEVUE ID 83313	 3. New Registered Agent Signature.																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table> <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>C. Scott Martin</td> <td>PO Box 1194</td> <td>Bellevue</td> <td>ID</td> <td>USA</td> <td>83313</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Dolly Lau Martin</td> <td>PO Box 1194</td> <td>Bellevue</td> <td>ID</td> <td>USA</td> <td>83313</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"/>	C. Scott Martin	PO Box 1194	Bellevue	ID	USA	83313	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dolly Lau Martin	PO Box 1194	Bellevue	ID	USA	83313	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"/>	C. Scott Martin	PO Box 1194	Bellevue	ID	USA	83313																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dolly Lau Martin	PO Box 1194	Bellevue	ID	USA	83313																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:		6. Signature:  Name (type or print): Dolly Lau Martin																																				
IDAHO W 109768		Date: 3/13/2017 Title: Manager																																				
Issued 03/13/2017 by online																																						