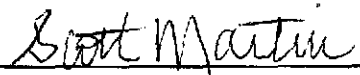
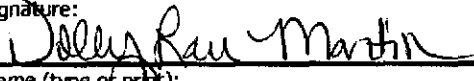
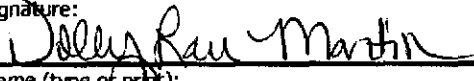
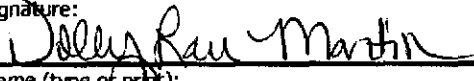


No. W 109768	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT MARTIN 11 PERRO RD BELLEVUE ID 83313 
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MARTIN CUTTING HORSES, LLC PO BOX 1194 BELLEVUE ID 83313		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"/>	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: <div style="text-align: center;"> IDAHO W 109768 </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> 6. Signature:  <hr/> Name (type or print): Dolly Lau Martin </td> <td style="width: 40%; padding: 5px;"> Date: 3/13/2017 <hr/> Title: Manager </td> </tr> </table>	6. Signature:  <hr/> Name (type or print): Dolly Lau Martin	Date: 3/13/2017 <hr/> Title: Manager
6. Signature:  <hr/> Name (type or print): Dolly Lau Martin	Date: 3/13/2017 <hr/> Title: Manager		

Issued 03/13/2017 by online