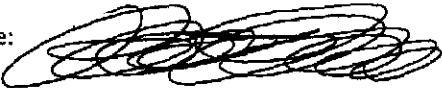


No. W 15257 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015 1. Mailing Address: Correct in this box if needed. FLYING B HUNTING RANCH LLC ROBERT C BURLINGAME 200 S COLLEGE GRANGEVILLE ID 83530	2. Registered Agent and Office (NOT A P.O. BOX) ADAM H GREEN 401 W NORTH ST GRANGEVILLE ID 83530 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert C. Burlingame</td> <td>3546 N. Riverside Ave.</td> <td>Rialto</td> <td>CA</td> <td>USA</td> <td>92377</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"/>	Robert C. Burlingame	3546 N. Riverside Ave.	Rialto	CA	USA	92377	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"/>	Robert C. Burlingame	3546 N. Riverside Ave.	Rialto	CA	USA	92377																															
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 15257 </div>	6. Signature:  <hr/> Name (type or print): <div style="text-align: center;">Richard E. Jones</div> <hr/> Date: 5/4/16 <hr/> Title: <div style="text-align: center;">Authorized Agent</div> <hr/>																																				

Issued 05/03/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM