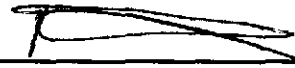
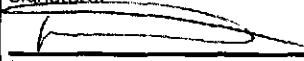


No. W 66566	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) MORGAN M ASTLE 12641 LAKE SHORE DR NAMPA ID 83686 <i>Morgan M. Griffin - Astle</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CAPITAL PROPERTIES, LLC MORGAN M ASTLE 12641 LAKE SHORE DR NAMPA ID 83686 USA		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 checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Morgan M. Griffin - Astle</i> <i>12641 Lake Shore Dr.</i> <i>Nampa,</i> <i>ID</i> <i>USA</i> <i>83686</i>			
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-weight: bold; font-size: x-large;"> IDAHO W 66566 </div>		6. Signature:  <hr/> Name (type or print): <i>Morgan M. Griffin - Astle</i> <hr/> <div style="text-align: right;"> Date: <i>10/13/16</i> <hr/> Title: <i>owner</i> </div>	
Issued 10/13/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the