

No. W 182367		Reinstatement Annual Report Form ADMIN DISSOLVED 07/23/2018		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA																																				
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. INDIAN SPRINGS LAND RESORT, LLC DAVID DIEFFENBACH 3249 INDIAN SPRINGS RD AMERICAN FALLS ID 83211		3. New 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5">David W. Dieffenbach 3249 Indian Springs Rd American Falls ID 83211 USA</td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5">Michaela M. R. Dieffenbach 3249 Indian Springs Rd. American Falls ID 83211 USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David W. Dieffenbach 3249 Indian Springs Rd American Falls ID 83211 USA						Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michaela M. R. Dieffenbach 3249 Indian Springs Rd. American Falls ID 83211 USA						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**