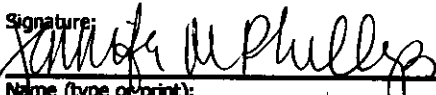


No. W 56649	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) JENNIFER M PHILLIPS 4740 WEST 6250 SOUTH VICTOR ID 83455																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PHILLIPS LEASING, LLC JENNIFER M PHILLIPS 4740 W 6250 SOUTH VICTOR ID 83455 USA		3. New 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; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TIM Phillips</td> <td>4740 W 6250 S</td> <td>VICTOR</td> <td>ID</td> <td>USA</td> <td>83455</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JENNIFER Phillips</td> <td>4740 W 6250 S</td> <td>VICTOR</td> <td>ID</td> <td>USA</td> <td>83455</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"/>	TIM Phillips	4740 W 6250 S	VICTOR	ID	USA	83455	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JENNIFER Phillips	4740 W 6250 S	VICTOR	ID	USA	83455	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 56649</div>		6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  Name (type or print): Jennifer M Phillips </div> <div style="width: 35%;"> Date: 3/8/13 Title: VPres / Bookkeeper </div> </div>																																				
Issued 02/14/2013 by KAH																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM