


No. W 73140	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		2. Registered Agent and Office (NOT A P.O. BOX) SUZANNE J ROBERTS 885 E 15 N MOUNTAIN HOME ID 83647																																			
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. SANDS PROPERTIES LLC SUZANNE J. ROBERTS PO BOX 655 MOUNTAIN HOME ID 83647 USA		3. <u>New</u> Registered Agent Signature.																																			
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>SUZANNE J. ROBERTS</td> <td>885 E. 15th N.</td> <td>MTN. HOME,</td> <td>ID.</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>SALLIE J. THIBODEAUX</td> <td>1475 SW JASMINE TRACE</td> <td>PALM CITY</td> <td>FL.</td> <td>USA</td> <td>34990</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	SUZANNE J. ROBERTS	885 E. 15 th N.	MTN. HOME,	ID.	USA	83647	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SALLIE J. THIBODEAUX	1475 SW JASMINE TRACE	PALM CITY	FL.	USA	34990	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: IDAHO W 73140	6. Signature:  Name (type or print): SUZANNE J. ROBERTS		Date: 9/4/12 Title: MGR.																																			
Issued 09/04/2012 by LJC																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM