


No. W 39239	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. CK3 ENTERPRISES, LLC KEVIN CHANDLER 136 E IDAHO AVE 191 E. BURNET GLEN SUITE 206 MERIDIAN ID 83646 MERIDIAN, IDAHO 83646	KEVIN CHANDLER 136 E IDAHO AVE 191 E. BURNET GLEN SUITE 206 MERIDIAN ID 83646 MERIDIAN 83646																																		
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 colspan="6">KEVIN CHANDLER, 191 E BURNET GLEN, MERIDIAN IDAHO 83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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"/>	KEVIN CHANDLER, 191 E BURNET GLEN, MERIDIAN IDAHO 83646						Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 39239	6. Signature:  <hr/> Name (type or print): KEVIN CHANDLER			Date: 9-28-2015 <hr/> Title: MANAGER																																		

Issued 09/28/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM