

No. W 30207	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011	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	1. Mailing Address: Correct in this box if needed. SAWTOOTH CLUB, LLC PO BOX 1546 KETCHUM ID 83340	TOM NICKEL 24 LAKE CREEK DR KETCHUM ID 83340						
REINSTATEMENT FEE DUE: \$30.00		3. New 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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Tom Nickel Po Box 1546 Ketchum ID Blaine 83340							
Manager <input type="checkbox"/> Member <input type="checkbox"/>			Manager <input type="checkbox"/> Member <input type="checkbox"/>			Manager <input type="checkbox"/> Member <input type="checkbox"/>		
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:	6.							
IDAHO	Signature:	Date:						
W 30207	<u>Tom Nickel</u>	8-14-12						
	Name (type or print):	Title:						
	<u>Tom Nickel</u>	<u>member</u>						
Issued 07/18/2012 by DK1								