


No. W 112296 Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) DOREEN WORKMAN 4027 HWY 6 HARVARD ID 83834																																			
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. DOE DOE VENTURES LLC 4027 HWY 6 HARVARD ID 83834	3. New 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>Doreen Workman</td> <td>4027 Hwy 6</td> <td>Harvard</td> <td>ID</td> <td></td> <td>83834</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Wesley Ray Workman</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> <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"/>	Doreen Workman	4027 Hwy 6	Harvard	ID		83834	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Wesley Ray Workman	"	"	"		"	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 112296	6. Signature:  Date: <u>7-12-13</u> Name (type or print): <u>Doreen Workman</u> Title: <u>manager</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM