



## STATE OF IDAHO

### Office of the secretary of state, Phil McGrane REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$30.00

For Office Use Only

**-FILED-**

File #: 0005289802

Date Filed: 7/3/2023 8:17:39 AM

#### Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$30)							
Current Entity Name	POST FALLS CK, LLC							
The file number of this entity on the records of the Idaho Secretary of State is:	0004383143							
Organized under the laws of:	IDAHO							
Entity Type:	Limited Liability Company (D)							
Entity Subtype:	Limited Liability Company							
Limited Liability Company Name:	POST FALLS CK, LLC							
The registered agent on record is:	<p>Registered Agent</p> <p>Tyler Black Registered Agent</p> <p>Physical Address 601 E FRONT AVE SUITE 303 COEUR D ALENE, ID 83814-5186</p> <p>Mailing Address 601 E FRONT AVE STE 303 COEUR D ALENE, ID 83814-5186</p>							
The name and street address of the new registered agent and office in Idaho is:	<p>Registered Agent</p> <p>C T CORPORATION SYSTEM Commercial Registered Agent</p> <p>Physical Address 1555 W SHORELINE DR STE 100 BOISE, ID 83702</p> <p>Mailing Address 1555 W SHORELINE DR STE 100 BOISE, ID 83702</p>							
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.								
The mailing address of the corporation is:								
<p>1555 W SHORELINE DR STE 100 BOISE, ID 83702-9107</p>								
Limited Liability Company Managers and Members								
<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>■ C T Corporation System</td> <td>Manager</td> <td>1555 W SHORELINE DR STE 100 BOISE, ID 83702</td> </tr> </tbody> </table>			Name	Title	Address	■ C T Corporation System	Manager	1555 W SHORELINE DR STE 100 BOISE, ID 83702
Name	Title	Address						
■ C T Corporation System	Manager	1555 W SHORELINE DR STE 100 BOISE, ID 83702						



<input checked="" type="checkbox"/> Post Falls Manager, LLC	Manager	225 W MAIN AVE STE 200 SPOKANE, WA 99201
---	---------	--

The Application for Reinstatement must be signed by at least one governor.

Title:

Legal Assistant

*Emily Shaw*

Sign Here

07/03/2023

Date