


No. <b>W 71709</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: <b>Correct in this box if needed.</b> WIRELESS HOME SOLUTIONS, LLC GARY CHANDLER 7534 W BUCKSKIN RD POCATELLO ID 83201		GARY CHANDLER 7534 W BUCKSKIN RD POCATELLO ID 83201																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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>Gary Chandler</td> <td>7534 W Buckskin Rd</td> <td>Pocatello</td> <td>ID</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">See attachment for member list</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"/>	Gary Chandler	7534 W Buckskin Rd	Pocatello	ID	USA	83201	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	See attachment for member list						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Gary Chandler	7534 W Buckskin Rd	Pocatello	ID	USA	83201																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	See attachment for member list																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 71709</b>	6. Signature:  Date: <u>7 June 2016</u> Name (type or print): <u>Gary Chandler</u> Title: <u>Manager</u>																																					

Issued 06/07/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? \_\_\_\_\_

## Attachment

### Wireless Home Solutions Member list

MEMBER	JAKE CHANDLER	2271 TONJA	POCATELLO	ID	<del>USA</del>	83201
MEMBER	MESERET CHANDLER	7534 W BUCKSKIN RD	POCATELLO	ID	USA	83201
MEMBER	GETABALEW CHANDLER	7534 W BUCKSKIN RD	POCATELLO	ID	USA	83201
MEMBER	JAMES CHANDLER	170 S 500 W	PROVO	UT	USA	84601
MEMBER	JOSEPH CHANDLER	204 SECOND AVE N	GLENBURN	ND	USA	58740
MEMBER	JULIE LOPEZ	1401 CHOKECHERRY DR	POCATELLO	MO	USA	83204
MEMBER	JOSH CHANDLER	3780 WOODHAVEN LN	IDAHO FALLS	ID	USA	83404