


No. <b>W 115748</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/11/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ANDREW E JACOBS IV 3405 GROVER CT BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SNAKE OIL DESIGNS, L.L.C. 3405 GROVER CT BOISE ID 83705		3. <u>New</u> 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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Andrew Jacobs	3405 Grover Ct	Boise	ID	United States	83705
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:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 115748</b> </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print): <u>Andrew Jacobs</u> </div> <div style="width: 35%;">           Date: <u>10/30/13</u>  <hr/>           Title: <u>Mr.</u> </div> </div>
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Issued 10/30/2013 by DK1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM