


No. W 121424	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) AARON RENCH 207 N MAIN ST MOSCOW ID 83843			
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. AMAZING DOCTOR RANSOM'S PAPER DIET AND MEDIA JUBILEE, LLC AARON RENCH 207 N MAIN ST MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00						
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"/>	Nathan D Wilson	708 S. Jefferson	MOSCOW	ID	USA	83843
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Larry Stephenson	888 Panorama	MOSCOW	ID	USA	83843
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Aaron Rench	524 Ridge Rd.	MOSCOW	ID	USA	83843
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: IDAHO W 121424		6. Signature:  Name (type or print): <u>Mark Beauchamp</u> Date: <u>5/2/2016</u> Title: <u>Bookkeeper</u>				
Issued 05/02/2016 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.