

No. W 134248	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) NATHAN TUFT 10530 COPPER ST NAMPA ID 83687
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. TUFT ACCOUNTING SERVICES, PLLC NATHAN TUFT 10530 COPPER ST NAMPA ID 83687		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 type="checkbox"/>	Nathan Tuft	10530 Copper St	Nampa	ID	USA	83687
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;">IDAHO W 134248</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u><i>Nathan Tuft</i></u> Name (type or print): <u>Nathan Tuft</u> </td> <td style="width: 40%;"> Date: <u>10/31/17</u> Title: <u>Member Manager</u> </td> </tr> </table>	Signature: <u><i>Nathan Tuft</i></u> Name (type or print): <u>Nathan Tuft</u>	Date: <u>10/31/17</u> Title: <u>Member Manager</u>
Signature: <u><i>Nathan Tuft</i></u> Name (type or print): <u>Nathan Tuft</u>	Date: <u>10/31/17</u> Title: <u>Member Manager</u>		

Issued 10/31/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. The following name may not be altered through the use of this form. Pay special attention to the mailing address. If the name or address is incorrect, it will result in the report being rejected. To ensure future mailings, the