


No. W 93384	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) JORDON COFFIN 10805 CLOUDLESS 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. JORDON ATHLETIC COMPANY LLC JORDON LEE COFFIN 10805 CLOUDLESS ST NAMPA ID 83687 USA		3. New 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"/>	Rachel Coffin	10805 Cloudless St Nampa ID	US 83687
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jordan Coffin	10805 Cloudless St Nampa ID	US 83687
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;"> IDAHO W 93384 </div>		6. Signature: <u></u> Date: <u>2/2/15</u> <hr/> Name (type or print): <u>Jordan Coffin</u> Title: <u>Owner - Manager</u>	
Issued 02/20/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM