

<b>No. W 177199</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/30/2018</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> SHAUN ANDERSON 3966 ORRIN LN REXBURG ID 83440
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>	<b>1. Mailing Address: Correct in this box if needed.</b> ANDERSON VENTURES LLC SHAUN ANDERSON 3966 ORRIN LN REXBURG ID 83440		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shaun Anderson	3966 Orrin Lane,	Rexburg ID USA 83440
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ashley Anderson	3966 Orrin Lane,	Rexburg ID USA 83440
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 177199</div>		<b>6.</b> Signature: <u>Shaun Anderson</u> Name (type or print): <u>Shaun Anderson</u> Date: <u>5/15/18</u> Title: <u>Owner</u>	

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