

W 16328

No. W 16328	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX)																																										
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. MOTT FAMILY LLC 3657 COCOLALLA LOOP COCOLALLA ID 83813 Phyllis Mott 431 S. Marion Ave. Sandpoint, ID 83864		PHYLLIS F MOTT 3657 COCOLALLA LOOP COCOLALLA ID 83813																																										
			3. New Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																													
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cynthia Oswald</td> <td>P.O. Box 817</td> <td>Hayden, ID</td> <td>USA</td> <td></td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Frank Mott</td> <td>116852 Coach Lane</td> <td>Huntington Beach, CA</td> <td>USA</td> <td></td> <td>92649</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Andrew Mott</td> <td>422 Euclid St.</td> <td>Sandpoint, ID</td> <td>USA</td> <td></td> <td>83864</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Family Trust under Living Trust of Walter & Phyllis Mott,</td> <td>431 S. Marion Ave.</td> <td>Sandpoint, ID</td> <td></td> <td></td> <td>83864</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Surviving Grantor's Trust under Living Trust of Walter & Phyllis Mott,</td> <td>431 S. Marion Ave.</td> <td>Sandpoint, ID</td> <td></td> <td></td> <td>83864</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cynthia Oswald	P.O. Box 817	Hayden, ID	USA		83835	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Frank Mott	116852 Coach Lane	Huntington Beach, CA	USA		92649	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Andrew Mott	422 Euclid St.	Sandpoint, ID	USA		83864	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Family Trust under Living Trust of Walter & Phyllis Mott,	431 S. Marion Ave.	Sandpoint, ID			83864	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Surviving Grantor's Trust under Living Trust of Walter & Phyllis Mott,	431 S. Marion Ave.	Sandpoint, ID			83864
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5. Organized Under the Laws of: IDAHO W 16328		6. 431 S. Marion Ave., Sandpoint, ID 83864 Signature: <i>Phyllis F. Mott</i> Date: <i>5/3/17</i> Name (type or print): <u>PHYLLIS F. MOTT</u> Title: _____																																											
Issued 05/02/2017 by online																																													

INSTRUCTIONS FOR THE 2016 ANNUAL REPORT FORM