

ORIGINAL

No. W 105417	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) GEORGE E GEBRAN 2067 S. 1515 S LAKE CREST WAY Fox Glen Way EAGLE ID 83616																																			
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. STDOX, LLC GEORGE E GEBRAN 1515 S LAKE CREST WAY Po Box 2390 EAGLE ID 83616		3. <u>New</u> 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 ☒ Member ☐</td> <td>George Gebran</td> <td>Po Box 2390</td> <td>Eagle,</td> <td>Id</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	George Gebran	Po Box 2390	Eagle,	Id		83616	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 105417		6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>10/8/2013</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>George Gebran</td> <td>Owner</td> </tr> </table>		Signature:	Date:		10/8/2013	Name (type or print):	Title:	George Gebran	Owner																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM