

No. W 65094	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014			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	1. Mailing Address: Correct in this box if needed. OAK RIDGE PARTNERS, LLC VALLEY ONE NORTHWEST INC 1770 W STATE ST #323 BOISE ID 83702 USA 1775 W. STATE ST. #323 Boise, ID 83702			ENTITY SERVICES INC 1101 W RIVER ST #340 BOISE ID 83702 SHAWN CLEVERDON 1450 W. BANNOCK ST. BOISE, ID 83702																																					
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.																																					
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions</p> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">VALLEY ONE NW INC, 1775 W. STATE BOISE ID USA 83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Shawn cleverdon 1775 w. state st. Boise ID USA 83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>							Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	VALLEY ONE NW INC, 1775 W. STATE BOISE ID USA 83702						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shawn cleverdon 1775 w. state st. Boise ID USA 83702						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 65094	<p>6.</p> <p>Signature: </p> <p>Name (type or print): <u>Shawn Cleverdon</u></p>																																								
	<p>Date: <u>8-14-2017</u></p> <p>Title: <u>President, Valley One NW Inc, President</u></p>																																								

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