

No. W 52279	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016					
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<p>1. Mailing Address: Correct in this box if needed.</p> <p>ASHLEY ENTERPRISES LLC DONALD W O'CONNOR <del>2489 N O'CONNOR AVE</del> <del>MERIDIAN ID 83646</del></p> <p><i>2963 S. Fox Troop Pl Eagle Id 83616</i></p>					
REINSTATEMENT FEE DUE: \$30.00	<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b></p> <p>DON O'CONNOR <del>2489 N O'CONNOR AVE</del> <del>MERIDIAN ID 83646</del></p> <p><i>2963 S. Fox Troop Pl Eagle Id 83616</i></p>					
3. New Registered Agent Signature.						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Don O'Connor	<i>2963 S. Fox Troop Pl</i>	<i>Eagle</i>	<i>Id</i>	<i>USA</i>	<i>83616</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.				
IDAHO W 52279	<p>Signature: </p> <p>Name (type or print): <i>Don O'Connor</i></p>					Date: <i>10/18/16</i>
						Title: <i>Owner</i>

Issued 10/11/2016 by DK1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM