





No. <b>W 63655</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/04/2008</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN SNEDDEN D.D.S. 1702 INDUSTRIAL DR SANDPOINT ID 83864																																			
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>	1. <b>Mailing Address: Correct in this box if needed.</b> SHS CLASS OF 1967, LLC 1702 INDUSTRIAL DR SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John Snedden</td> <td>212 W. Ironwood Court Dr. Ste D. #186 P Allen</td> <td>ID</td> <td>USA</td> <td></td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John Snedden	212 W. Ironwood Court Dr. Ste D. #186 P Allen	ID	USA		83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <div style="text-align: center; font-weight: bold;">IDAHO W 63655</div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>1/9/17</u> </td> </tr> <tr> <td>           Name (type or print): <u>John Snedden, DDS</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>		Signature: 	Date: <u>1/9/17</u>	Name (type or print): <u>John Snedden, DDS</u>	Title: <u>Manager</u>																															
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