




No. W 92692	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS ALTERS 1203 LINCOLN AVE BOISE ID 83706
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. A3 DESIGNS, LLC. 1203 LINCOLN AVE BOISE ID 83706		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CHRIS ALTERS	1203 LINCOLN AVE.	BOISE	ID	USA	83706
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STEVE ALTERS	9208 W. WICHITA ST	BOISE	ID	USA	83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 92692 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 2-23-15 </td> </tr> <tr> <td> Name (type or print): <u>Chris Alters</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: 	Date: 2-23-15	Name (type or print): <u>Chris Alters</u>	Title: <u>owner</u>
Signature: 	Date: 2-23-15				
Name (type or print): <u>Chris Alters</u>	Title: <u>owner</u>				

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