


No. W 91363 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012 1. Mailing Address: Correct in this box if needed. MACKENZIE'S PLAYHOUSE LLC ASHLIE KELLY TAYLOR 1444 TROY LANE POCATELLO ID 83201 1405 HOLLY DR. TWIN FALLS, ID 83301	2. Registered Agent and Office (NOT A P.O. BOX) ASHLIE KELLY TAYLOR 1444 TROY LANE POCATELLO ID 83201 1405 HOLLY DR. TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ASHLIE TAYLOR</td> <td>1405 HOLLY DR.</td> <td>TWIN FALLS</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JASON TAYLOR</td> <td>1405 HOLLY DR.</td> <td>TWIN FALLS</td> <td>ID</td> <td></td> <td>83301</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	ASHLIE TAYLOR	1405 HOLLY DR.	TWIN FALLS	ID		83301	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JASON TAYLOR	1405 HOLLY DR.	TWIN FALLS	ID		83301	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; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">W 91363</div>	6. Signature:  <hr/> Name (type or print): ASHLIE TAYLOR <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: 4/30/2017 <hr/> Title: PRESIDENT <hr/> </div> </div>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM