


No. <b>W 104118</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/20/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DANIEL M JOHNSON 404 OAK ST ~ NEZPERCE ID 83543
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> P & P BARNETT LLC PO BOX 36 NEZPERCE ID 83543		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Pet Barnett	Po Box 24 Nezperce, Id	US 83543
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patty Barnett	Po Box 24 Nezperce, Id	US 83543
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;"> <b>IDAHO</b>  <b>W 104118</b> </div>		6. <div style="display: flex; justify-content: space-between;"> <div>           Signature:              Name (type or print):  <b>Daniel M Johnson</b> </div> <div>           Date: <b>9/25/12</b>            Title:  <b>Attorney</b> </div> </div>	
Issued 09/25/2012 by SLD			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.