| No. W 171677 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017 1. Mailing Address: Correct in this box if needed. KAPPEN STORAGE LLC CARL KAPPEN 465994 HWY 95 Po Box 223 SAGLE ID 83860 | | | 2. Registered Agent and Office (NOT A P.O. BOX) CARL KAPPEN 465994 HWY 95 SAGLE ID 83860 USA | | | |
|--|--|-----------------------|-------|--|--------------------------|------------------|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | 3. <u>New</u> Re | egistered Agent | t Signature. | |
| Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name | | | | | | | |
| Manager ☐ Member ☑ <i>C</i> | ARL KAAGEN | Po Box 723 | - | ID | BONNER | 83860 | |
| Manager ☐ Member ☐ ⊅ | | | BABLE | ID | Bonness | 83860 | |
| Manager Member | | | | | | | |
| Manager Member | | | | | | | |
| 5. Organized Under the La | \$ | | | | | · - · | |
| IDAHO | Signature; | Signature: | | | Date: | | |
| W 171677 | Name (type | Name (type or print): | | | <u>7-37-18</u> Title: | | |
| | DIAN | DIANA KAPPEN | | | MEMBER_ | | |
| Issued 07/27/2018 by online | | | | | | | |