


No. <b>W 92437</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/12/2011</b>		2. Registered Agent and Office (NOT A P.O. BOX) TIM PAPE <del>2023 BELLE AIRE DR</del> <del>NAMPA ID 83686</del>																																			
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. Mailing Address: Correct in this box if needed. PAPER CROWE LLC <del>2023 BELLE AIRE DR</del> <del>NAMPA ID 83686</del> 2110 W. Michelle Dr Nampa, ID 83651		2110 W. Michelle Dr Nampa, ID 83651																																			
		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tim Pape</td> <td>2110 W. Michelle Dr,</td> <td>Nampa,</td> <td>ID</td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeff Crowe</td> <td>11690 Cabin Creek St,</td> <td>Caldwell,</td> <td>ID</td> <td></td> <td>83605</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"/>	Tim Pape	2110 W. Michelle Dr,	Nampa,	ID		83651	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeff Crowe	11690 Cabin Creek St,	Caldwell,	ID		83605	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:  <b>IDAHO</b> <b>W 92437</b>		6. Signature:  Name (type or print): <u>Tim Pape</u> Date: <u>4/29/15</u> Title: <u>Partner/Member/Manager</u>																																				
Issued 04/29/2015 by online																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**