


FILED

No. W 112510		Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) JARED B MARTENS 1615 W HAYS ST BOISE ID 83702	
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. MURF'S APPLIANCE REPAIR, LLC SEAN P MURPHY 2761 S PEORIA WAY MERIDIAN ID 83648 1780 S. Mayflower Way Boise ID 83709		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"/>		Sean P. Murphy	1780 S Mayflower Way	Boise	ID 83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 112510		Signature: 		Date: 2/23/17	
		Name (type or print): Sean P. Murphy		Title: Manager	
Issued 02/23/2017 by JL1					