

No. <b>W 104135</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  FAY LENZ 5626 S HOLLYHOCK PL BOISE ID 83716-6956
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. <b>Mailing Address: Correct in this box if needed.</b>  CAT HOUSE LLC (THE) FAY A LENZ 5626 S HOLLYHOCK PL BOISE ID 83716 USA		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"/>	FAY LENZ	5626 S. Hollyhock	Boise	ID	MDA	83716
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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 104135</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>Fay A Lenz</u> </td> <td style="width: 40%;">           Date: <u>10/28/2013</u> </td> </tr> <tr> <td>           Name (type or print): <u>FAY A LENZ</u> </td> <td>           Title: <u>OWNER</u> </td> </tr> </table>	Signature: <u>Fay A Lenz</u>	Date: <u>10/28/2013</u>	Name (type or print): <u>FAY A LENZ</u>	Title: <u>OWNER</u>
Signature: <u>Fay A Lenz</u>	Date: <u>10/28/2013</u>				
Name (type or print): <u>FAY A LENZ</u>	Title: <u>OWNER</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM