

No. W 101287	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SUN VALLEY PROPERTY NEWS LLC PO BOX 2597 KETCHUM ID 83340			JUSTIN WILLIAMS 610 ELKHORN ROAD SUN VALLEY ID 83353	
<b>REINSTATEMENT FEE</b> <b>DU<sup>E</sup>: \$30.00</b>				3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <u>J. Williams</u>	Street or PO Address <u>PO Box 2597</u>	City <u>Ketchum</u>	State <u>ID</u>	Country <u>USA</u> Postal Code <u>83340</u>
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:  <b>IDAHO</b> <b>W 101287</b>	6. Signature: <u>J. Williams</u>			Date: <u>8/30/12</u>	
	Name (type or print): <u>J. Williams</u>			Title: <u>Mr</u>	

Issued 08/28/2012 by JL1

#### **INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**