


| | | |
|---|--|---|
| No. W 101287 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012 1. Mailing Address: Correct in this box if needed. SUN VALLEY PROPERTY NEWS LLC PO BOX 2597 KETCHUM ID 83340 | 2. Registered Agent and Office (NOT A P.O. BOX) JUSTIN WILLIAMS 610 ELKHORN ROAD SUN VALLEY ID 83353 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"/> J-Williams PO Box 2597 Ketchum ID USA 83340 | | |
| 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; font-weight: bold; font-size: large;"> IDAHO W 101287 </div> | 6. Signature:  Date: <u>8/30/12</u> <hr/> Name (type or print): <u>J. Williams</u> <hr/> Title: <u>Mr</u> | |

Issued 08/28/2012 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM