

10/28/2015

W 140319

No. W 140319	Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. WESTSTATE AUCTION & FIREARMS, LLC ANGELA WORLEY 2024 N ELDER ST NAMPA ID 83687		BRIAN WEBB 839 E WINDING CREEK DR STE 102 EAGLE ID 83616 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>Angela Worley</td> <td>2024 N. Elder St.</td> <td>Nampa,</td> <td>ID</td> <td>USA</td> <td>83687</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> <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"/>	Angela Worley	2024 N. Elder St.	Nampa,	ID	USA	83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: IDAHO W 140319		6. Signature: <u>BZW</u> Name (type or print): <u>Brian L. Webb</u> Date: <u>10-28-15</u> Title: <u>Authorized Agent</u>																																				
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM