



0005123424

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005123424

Date Filed: 2/23/2023 12:28:38 PM

## Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$30)

Current Entity Name      LEWIS VENTURES LLC

The file number of this entity on the records of the Idaho Secretary of State is:      0000082437

Organized under the laws of:      IDAHO

Entity Type:      Limited Liability Company (D)

Entity Subtype:  
Limited Liability Company Subtype      Limited Liability Company

Limited Liability Company Name:  
Limited Liability Company name      LEWIS VENTURES LLC

The registered agent on record is:  
Registered Agent      PACIFIC REGISTERED AGENTS, INC.  
Commercial Registered Agent  
Physical Address  
702 W IDAHO ST STE 1100  
BOISE, ID 83702  
Mailing Address  
702 W IDAHO ST STE 1100  
CHARLES F MATHIAS  
BOISE, ID 83702

Agent or Address Change?  
☒ Appoint new agent (address change not available).

The name and street address of the new registered agent and office in Idaho is:  
Registered Agent      Registered Agent  
Laura S Lewis  
Physical Address:  
IDAHO FALLS  
5628 CANYONWOOD CIR  
IDAHO FALLS, ID 83406  
Mailing Address:  
IDAHO FALLS  
5628 CANYONWOOD CIR  
IDAHO FALLS, ID 83406-8390

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

The mailing address of the corporation is:  
IDAHO FALLS  
5628 CANYONWOOD CIR  
IDAHO FALLS, ID 83406-8390

## Limited Liability Company Managers and Members

Name	Title	Address
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<input checked="" type="checkbox"/> Laura S Lewis	Manager	IDAHO FALLS 5628 CANYONWOOD CIR IDAHO FALLS, ID 83406-8390
<input checked="" type="checkbox"/> Trevor James Lewis	Member	IDAHO FALLS 5628 CANYONWOOD CIR IDAHO FALLS, ID 83406-8390

The Application for Reinstatement must be signed by at least one governor.

Job Title: \_\_\_\_\_ Manager

*Laura S Lewis* \_\_\_\_\_ *02/23/2023*

Sign Here \_\_\_\_\_ Date