No. W 171391	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017	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	1. Mailing Address: Correct in this box if needed. DRUNKLESS, LLC SCOTT SHEPHERD PO BOX 5063 BOISE ID 83705	SCOTT SHEPHERD 1117 ROSSI BOISE ID 83706 7699 W MIDDLE FORK ST BOISE ID 83709
REINSTATEMENT FEE DUE: \$30.00	7699 W MIDDLE FORK ST BOISE ID 83709	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 X Member	SCOTT SHEPHERD 7699 W MIDDLE FORK ST BOIS	SE IDAHO ADA 83709
Manager Member		
Manager Member		
Manager Member Member		
5. Organized Under the Lan IDAHO W 171391	Ns of: 6. Signature: Name (type or print): SCOTT SHEPHERD	Date: JANUARY 7, 2018 Title: OWNER M &
Issued 01/07/2018 by onlin		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM