

No. W 63609	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		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. KIDS DOWN THE STREET, LLC JOHN S TINGEY 6797 W KAMLOOPS DR RATHDRUM ID 83858		JOHN S TINGEY 6797 W KAMLOOPS DR RATHDRUM ID 83858 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>John S. Tingey</td> <td>6797 W. Kamloops Dr</td> <td>Rathdrum</td> <td>ID</td> <td></td> <td>83858</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jennifer M. Tingey</td> <td>6797 W. Kamloops Dr</td> <td>Rathdrum</td> <td>ID</td> <td></td> <td>83858</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"/>	John S. Tingey	6797 W. Kamloops Dr	Rathdrum	ID		83858	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jennifer M. Tingey	6797 W. Kamloops Dr	Rathdrum	ID		83858	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 63609	6. <div style="display: flex; justify-content: space-between;"> <div> Signature: <u>John S. Tingey</u> Name (type or print): <u>John S. Tingey</u> </div> <div> Date: <u>7 Dec 2016</u> Title: <u>Manager</u> </div> </div>																																					
Issued 12/05/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.