


No. W 112171	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA K CHANDLER 901 PIER VIEW DR SUITE 206 IDAHO FALLS ID 83402
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. CHANDLER LAW GROUP, PLLC JOSHUA K CHANDLER 901 PIER VIEW DR SUITE 206 IDAHO FALLS ID 83402		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 type="checkbox"/> Member <input checked="" type="checkbox"/>		Joshua K. Chandler 901 Pier View Dr., Ste 206 Idaho Falls, ID 83402 Falls ID USA 83402	
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 112171 </div>		6. Signature:  Date: <u>8/18/2017</u> Name (type or print): <u>Joshua K. Chandler</u> Title: <u>Member</u>	
Issued 08/18/2017 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