




No. <b>W 95717</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> RYAN POWELL 16684 W JULIA DR HAUSER ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> AD RP LLC RYAN B POWELL PO BOX 3584 POST FALLS ID 83877		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>RYAN POWELL</td> <td>P.O. BOX 3584</td> <td>POST FALLS</td> <td>ID</td> <td></td> <td>83877</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"/>	RYAN POWELL	P.O. BOX 3584	POST FALLS	ID		83877	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: <div style="text-align: center; padding: 10px;"> <b>IDAHO</b>  <b>W 95717</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>6/22/17</u> </td> </tr> <tr> <td>           Name (type or print): <u>RYAN Powell</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>		Signature: 	Date: <u>6/22/17</u>	Name (type or print): <u>RYAN Powell</u>	Title: <u>Manager</u>																															
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