No. W 57049	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012  1. Mailing Address: Correct in this box if needed.  KIT'S RIVERSIDE RESTAURANT LLC  CHRISTOPHER KIT SMITH  101 PAYETTE RIVER DRIVE  HORSESHOE BEND ID-83729  93629	2. Registered Agent and Office (NOT A P.O. BOX) CHRISTOPHER KIT SMITH 105 MOUNTAIN VIEW DR HORSESHOE BEND ID 83729
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
REINSTATEMENT FEE DUE: \$30.00		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 Member Member Christopher Kit Smith 105 Mountain View Dr		
Manager Member	Horsesh	oe Bend ID 83729
Manager Member		
Manager Member		
5. Organized Under the Law IDAHO W 57049 Issued 07/31/2012 by SLD	Name (type or print):  Christopher Smith	Date:

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM