




No. W 89043	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		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. JAVA STOP NORTHWEST LLC 1123 RIPON AVE LEWISTON ID 83501		THOMAS L TROYER 1123 RIPON AVE LEWISTON ID 83501																													
			3. New 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 colspan="7">Manager Member (circle one)</td></tr><tr><td></td><td>THOMAS L TROYER</td><td>1123 RIPON</td><td>LEWISTON</td><td>ID</td><td>NEZ PERE</td><td>83501</td></tr><tr><td></td><td>THERESA J TROYER</td><td>1123 RIPON</td><td>LEWISTON</td><td>ID</td><td>NEZ PERE</td><td>83501</td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)								THOMAS L TROYER	1123 RIPON	LEWISTON	ID	NEZ PERE	83501		THERESA J TROYER	1123 RIPON	LEWISTON	ID	NEZ PERE	83501
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5. Organized Under the Laws of: IDAHO W 89043		6. <table border="1"><tr><td>Signature: </td><td>Date: 3-14-11</td></tr><tr><td>Name (type or print): THOMAS L TROYER</td><td>Title: MEMBER</td></tr></table>			Signature: 	Date: 3-14-11	Name (type or print): THOMAS L TROYER	Title: MEMBER																								
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