

No. W 129140	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) TRAVIS C JOHNSTON 11296 W FITZWILLIAM LP NAMPA ID 83651 3494 S. Sugar Loaf Pl. Eagle, ID 83616	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JOHNSTON CHRISTIAN LLC TRAVIS C JOHNSTON 11296 W FITZWILLIAM LP P.O. Box 841 NAMPA ID 83651 Eagle, ID 83616		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
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"/>	Travis Johnston P.O.Box 841 Eagle ID US 83616			
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:		6.		Date:
IDAHO W 129140		Signature: <u>Travis Johnston</u> Name (type or print): <u>Travis Johnston</u>		<u>1/27/15</u>
				Title: <u>Member</u>

Issued 01/27/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Enter the mailing address. If the correct