

No. W 50778	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) JOHN HESS 919 W GOOSE LAKE CT EAGLE ID 83616
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. J.W. SWEET LLC 919 W GOOSE LAKE CT EAGLE ID 83616		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"/>	JOHN HESS	919 W Goose Lake Ct	EAGLE, ID			83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROBERT B. WHEELER	509 E. Covey Run Ct.				
			EAGLE, ID			83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 50778 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: Name (type or print): JOHN HESS </td> <td style="width: 40%;"> Date: 4/6/2015 Title: Member </td> </tr> </table>	Signature: Name (type or print): JOHN HESS	Date: 4/6/2015 Title: Member
Signature: Name (type or print): JOHN HESS	Date: 4/6/2015 Title: Member		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM