

No. W 135676	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		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	1. Mailing Address: Correct in this box if needed. WINSTON SEVY LLC WINSTON SEVY 3316 AIRPORT AVE CALDWELL ID 83605 <i>93 Barbara ave Middleton ID. 83644</i> →		WINSTON SEVY 3316 AIRPORT AVE CALDWELL ID 83605
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Winston Sevy</i>	<i>93 Barbara ave Middleton</i>	<i>ID USA 83644</i>
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.	
IDAHO W 135676		Signature: <i>[Signature]</i>	Date: <i>17-5-17</i>
		Name (type or print): <i>Winston C. Sevy</i>	Title: <i>Owner</i>
Issued 12/05/2017 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the