


No. W 69949	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHIRLEY ACKERMAN 2521 HWY 9 PRINCETON ID 83857																																			
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. ROCKING DOUBLE S RANCH LLC SHIRLEY ACKERMAN PO BOX 85 PRINCETON ID 83857		3. <u>New</u> 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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sheldon Ackerman</td> <td>PoBox 85 Princeton</td> <td>Id</td> <td></td> <td></td> <td>83857</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shirley Ackerman</td> <td>PoBox 85 Princeton</td> <td></td> <td></td> <td></td> <td>83857</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sheldon Ackerman	PoBox 85 Princeton	Id			83857	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shirley Ackerman	PoBox 85 Princeton				83857	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sheldon Ackerman	PoBox 85 Princeton	Id			83857																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shirley Ackerman	PoBox 85 Princeton				83857																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 69949	6. Signature:  <hr/> Name (type or print): <u>Shirley Ackerman</u> <hr/> Title: <u>member</u>																																					
Issued 04/17/2017 by online																																						