


No. W 165411	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) JARED THOMPSON 18700 HWY 55 BOISE ID 83714																																			
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. RED TIE PRODUCTIONS LLC JARED THOMPSON 18700 HWY 55 BOISE ID 83714 4940 Hwy 72 New Plymouth ID 83655		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jared Thompson</td> <td>4940 Hwy 72</td> <td>New Plymouth</td> <td>ID</td> <td>Payette</td> <td>83655</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Katie Leibold</td> <td>4940 Hwy 72</td> <td>New Plymouth</td> <td>ID</td> <td>Payette</td> <td>83655</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Jared Thompson	4940 Hwy 72	New Plymouth	ID	Payette	83655	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Katie Leibold	4940 Hwy 72	New Plymouth	ID	Payette	83655	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 165411		6. Signature:  Date: 6-22-18 Name (type or print): Jared Thompson Title: Manager																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM