

No. <b>W 47099</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 05/10/2013</b>	
Return to: <b>SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</b>	1. Mailing Address: Correct in this box if needed. <b>CANNON HOLDINGS LLC NED A CANNON 508 EIGHTH ST LEWISTON ID 83501</b>	
<b>REINSTATEMENT FEE DUE: \$30.00</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <b>SMITH &amp; CANNON PLLC 508 8TH ST LEWISTON ID 83501</b>	
		3. New Registered Agent Signature.
<p><b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p> <p><b>Manager or Member</b> <input checked="" type="checkbox"/> <b>Name</b> <input type="text"/> <b>Street or PO Address</b> <input type="text"/> <b>City</b> <input type="text"/> <b>State</b> <input type="text"/> <b>Country</b> <input type="text"/> <b>Postal Code</b> <input type="text"/></p> <p>Manager <input type="checkbox"/> Member <input type="checkbox"/> <b>NED A. CANNON</b> <b>508 8th St. LEWISTON USA 83501</b> IDAHo</p> <p>Manager <input type="checkbox"/> Member <input type="checkbox"/></p> <p>Manager <input type="checkbox"/> Member <input type="checkbox"/></p>		
5. Organized Under the Laws of:  <b>IDAHO W 47099</b>	<p>6. <b>Signature:</b> </p> <p><b>Name (type or print):</b> <b>Ned A Cannon</b></p> <p><b>Date:</b> <b>6/17/13</b> <b>Title:</b> <b>Manager</b></p>	

Issued 05/23/2013 by SLD

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM