No. W 140571	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016	2. Registered Agent and Office (NOT A P.O. BOX) CORY CHRISTOPHER COCHRAN
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. COCHRAN INVESTMENTS, LLC CORY COCHRAN 514 S BOYER AVE SANDPOINT ID 83864	514 S BOYER AVE SANDPOINT ID 83864-8386
REINSTATEMENT FEE		3. New Registered Agent Signature.
DUE: \$30.00		
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 A Member A	Cory Cochran 7 514 Brooke Cochran 5 san	S. Boner Ave
Manager Member 🖳	Brooke Cochran) san	apoint ID 83864
Manager Member 🗆		•
Manager Member		
5. Organized Under the Law	rs of: 6.	
	Signature:	.
IDAHO		Date:
W 140571	Name (hora = nalet)	16-15-10
	Name (type or print);OUCOCNVOLIN	Title: 12-15-10
Issued 11/30/2016 by online		