




No. <b>W 155988</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/20/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JASON WILLIAMS 511 S AMERICANA BLVD BOISE ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				1. <b>Mailing Address: Correct in this box if needed.</b> FULL MOON VENTURES LLC JASON WILLIAMS 511 S AMERICANA BLVD BOISE ID 83702	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>Jason Williams</td> <td>318 E Spruce St</td> <td>Hailey</td> <td>ID</td> <td></td> <td>83333</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jennifer Ludington</td> <td>318 E Spruce St</td> <td>Hailey</td> <td>ID</td> <td></td> <td>83333</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"/>	Jason Williams	318 E Spruce St	Hailey	ID		83333	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jennifer Ludington	318 E Spruce St	Hailey	ID		83333	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"/>	Jason Williams	318 E Spruce St	Hailey	ID		83333																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jennifer Ludington	318 E Spruce St	Hailey	ID		83333																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 155988</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 1/5/17</td> </tr> <tr> <td>Name (type or print): Jason Williams</td> <td>Title: Member</td> </tr> </table>		Signature: 	Date: 1/5/17	Name (type or print): Jason Williams	Title: Member																															
Signature: 	Date: 1/5/17																																					
Name (type or print): Jason Williams	Title: Member																																					