

No. W 155988		Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016				2. Registered Agent and Office (NOT A P.O. BOX)	
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. FULL MOON VENTURES LLC JASON WILLIAMS 511 S AMERICANA BLVD BOISE ID 83702				JASON WILLIAMS 511 S AMERICANA BLVD BOISE ID 83702	
REINSTATEMENT FEE DUE: \$30.00						3. New Registered Agent Signature.	
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 <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: IDAHO W 155988		6.					
		Signature:		Date:			
				1/5/17			
		Name (type or print):		Title:			
		Jason Williams		Member			