

No. W 167921	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017				2. Registered Agent and Office (NOT A P.O. BOX) SAMUEL HARRIS REECE 1120 TC DR VICTOR ID 83455		
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. SHR LLC PO BOX 13691 JACKSON WY 83002 1120 TC Drive Victor, ID 83455				3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code	
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Samuel Reece	1120 TC Drive	Victor	ID	USA	83455	
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: IDAHO W 167921		6. Signature:  Name (type or print): Samuel Reece					
		Date: 11/28/17 Title: Manager					
Issued 11/28/2017 by online							