




No. W 118540	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) SYNERGY CORPORATE SERVICES LLC 921 S ORCHARD ST STE G BOISE ID 83705 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MAIN 79 LLC C/O SYNEX LLC 921 S ORCHARD ST SUITE G BOISE ID 83705		3. <u>New</u> 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"/>	Robert L Petersen	6333 Hollilynn	BOI	ID	USA	83709
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Barbara B. Petersen	6333 Hollilynn	BOI	ID	USA	83709
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 118540 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>2/20/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Robert L Petersen</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>2/20/17</u>	Name (type or print): <u>Robert L Petersen</u>	Title: <u>Member</u>
Signature: 	Date: <u>2/20/17</u>				
Name (type or print): <u>Robert L Petersen</u>	Title: <u>Member</u>				

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