

No. W 101006	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013					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. LIGHT VENTURES, L.L.C. RYAN MADENFORD 2136 W HAVENWOOD AVE NAMPA ID 83651 USA					MATTHEW RYAN MADENFORD 2136 W HAVENWOOD AVE NAMPA ID 83651 8304 Map Rock Rd Caldwell Id 83607
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 checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Matthew Ryan Madenford Title: President</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>8304 Map Rock Rd</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Caldwell, ID</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Canyon County, 83607</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: IDAHO W 101006	6. Signature: 					Date: <u>12/18/2013</u>
	Name (type or print): <i>Matthew Ryan Madenford</i>					Title: <u>Manager</u>

Issued 09/23/2013 by SLD

INSTRUCTIONS FOR FILING THIS FORM