







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$30.00 For Office Use Only

-FILED-

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| Reinstatement Annual Report Form Select one: Standard, Expedited or Same Day Service (see descriptions below) |         | Standard (filing fee \$30)  |            |
|---|---------|---|------------|
| Current Entity Name   |         | 5B FLOATATION, LLC  |            |
| The file number of this entity on the records of the Idaho Secretary of State is:                             |         | · · · · · · · · · · · · · · · · · · ·   |            |
| Organized under the laws of:  |         | IDAHO   |            |
| Entity Type:  |         | Limited Liability Company (D)   |            |
| Entity Subtype:   |         |   | _          |
| Limited Liability Company Subtype   |         | Limited Liability Company   |            |
| Limited Liability Company Name:   |         |   |            |
| Limited Liability Company name  |         | 5B FLOATATION, LLC  |            |
| The registered agent on record is: Registered Agent   |         | LOIS E RICKERT Registered Agent Physical Address 1111 BUCKSKIN DRIVE HAILEY, ID 83333 Mailing Address |            |
| Agent or Address Change?  |         |   |            |
| Agent or Address Change?  Appoint new agent (address change not available).                                   |         |   |            |
| The mailing address of the corporation is:  PARKER MORRIS  PO BOX 1916  KETCHUM, ID 83340-1861                |         |   |            |
| Limited Liability Company Managers and Members  |         |   |            |
| Name  | Title   |   | Address    |
| Parker D Morris   | Manager | 310 KINGSBURY LANE<br>BELLEVUE, ID 83313  |            |
| The Application for Reinstatement must be signed by at least one governor.                                    |         |   |            |
| Parker Morris   |         |   | 10/15/2020 |
| Sign Here   |         |   | Date       |
| Job Title:  |         | Owner   |            |