


No. W 25829	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FLYINGSPLINTER PRODUCTIONS LLC DANIEL RIESS 1106 SMITH AVE NAMPA ID 83651		DANIEL RIESS 1106 SMITH AVE NAMPA ID 83651							
			3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Manager or Member</td> <td style="width: 20%;">Name</td> <td style="width: 20%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 10%;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DANIEL RIESS	1104 Smith	NAMPA	ID	Canyon	83651				
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 25829	6. Signature:			Date:						
			2-3-14							
Name (type or print): DANIEL RIESS			Title: MANAGER							
Issued 02/03/2014 by CLH										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM