

No. W 83915		Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012	
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. MATT'S LLC MATT DAME PO BOX 64 GRANGEVILLE ID 83530	
REINSTATEMENT FEE DUE: \$30.00		130 W. Main GRANGEVILLE ID 83530	
2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW G DAME 501 S. HALL GRANGEVILLE ID 83530			
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 type="checkbox"/> Member <input checked="" type="checkbox"/> MATT DAME 501 S. HALL GRANGEVILLE, ID. 83530			
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 83915		6. Signature:  Name (type or print): MATT DAME	
		Date: <u>3-5-13</u> Title: <u>DAME</u>	

Issued 03/04/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM