

No. W 70927	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013																																							
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b></p> <p>PAMLA BURNS <del>17381 COPPER SPUR AVENUE</del> <del>NAMPA ID 83687</del></p> <p><i>1619 S. Miller Way</i> <i>Nampa, ID 83686</i></p>																																							
REINSTATEMENT FEE DUE: \$30.00	<p>1. Mailing Address: Correct in this box if needed.</p> <p>BURNS REAL ESTATE, LLC PAMLA BURNS <del>17381 COPPER SPUR AVENUE</del> <del>NAMPA ID 83687</del></p> <p><i>1619 S. Miller Way</i> <i>Nampa, Idaho 83686</i></p> <p>3. New Registered Agent Signature.</p>																																							
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="5"><i>Pamla Jo Burns</i></td> <td><i>1619 S. Miller Way Nampa ID USA 83686</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="5"><i>Todd M. Burns</i></td> <td><i>1619 S. Miller Way Nampa ID USA 83686</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Pamla Jo Burns</i>					<i>1619 S. Miller Way Nampa ID USA 83686</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Todd M. Burns</i>					<i>1619 S. Miller Way Nampa ID USA 83686</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 70927	<p>6.</p> <p>Signature: <i>Pamla Jo Burns</i></p> <p>Name (type or print): <i>Pamla Jo BURNS</i></p> <p>Date: <i>4-14-15</i></p> <p>Title: <i>Member</i></p>																																							
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.