

No. W 6217	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) VALARIE HRUZA 10062 W FAIRVIEW AVE STE 120 BOISE ID 83704
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. JOY ENTERPRISES, LLC VALARIE HRUZA 23057 BOEHNER RD WILDER ID 83676		3. <u>New</u> 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"/>	Valarie Hruza	23057 Bohner Rd. Wilder, ID,	Canyon 83676
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 6217		6. Signature: <u>Valarie Hruza</u> Name (type or print): <u>Valarie Hruza</u> Date: <u>08/28/14</u> Title: <u>08/28/14</u>	
Issued 08/28/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM