No. W 91466	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to:	/	ADMIN DISSOLVED 06/12/2013	HARRY M STATHIS	
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Malling Address: Correct in this box if needed.		590 ELLIS RD	
		HIS ENTERPRISES LLC	MCCALL ID 83638	
	, ., .,	Y M STATHIS		
	590 ELLIS RD PO BOX 572 MCCALL ID 83638			
			3. New Registered Agent Signature.	
REINSTATEMENT FEE			37 MEN HEGISKE EN AGENT SIGNATURE.	
DUE: \$30.00				
4. Limited Liability	Comp	anies: Enter Names and Addresses of Managers	OR Members. See Instructions.	
Manager or Member Name Street or PO Address City State Country Postal Code				
Manager Member M HARRY M. Stath is 590 Ellis Ro McCall, ID 83638				
Manager Member & Naucy H. Stathis 590 Ellis Rd McCall, ID 83638				
Manager Member				
Manager Member				
5. Organized Under the Lav	ws of:	6.		
IDAHO W 91466		Signature:	Date:	
		Saw M. Stathi	12-18-2012	
		Name (type of print):	12-18-2013 Title: Member	
		HARRA M. Stathis	Member	
Issued 10/03/2013 by SLD				
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 <u>new</u> 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: <u>DO NOT</u> 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.				
Block 5: May not be altered through the use of this form.				
<b>Block 6: The annual</b> report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.				
** The image of this form will be available on the internet once it has been filed. DO <u>NOT</u> enter Social Security numbers.				
If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited iability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.				

If the document is incorrect, is there a telephone number to reach you for corrections?