


No. W 118654	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) PAUL HOSKINSON 110 N COEUR D ALENE AVE HARRISON ID 83833																																			
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. GRANT BUILDING LLC PAUL D HOSKINSON PO BOX 151 HARRISON ID 83833		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <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>Shelly Low</td> <td>P.O. Box 174</td> <td></td> <td></td> <td></td> <td>HARRISON ID Kootna 83833</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Paul Hoskinson I -</td> <td>P.O. Box 151</td> <td>Harrison</td> <td>Kootna</td> <td></td> <td>83833</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Suzanne Hoskinson</td> <td>P.O. Box 151</td> <td>Harrison</td> <td>Kootna</td> <td></td> <td>83833</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></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"/>	Shelly Low	P.O. Box 174				HARRISON ID Kootna 83833	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Paul Hoskinson I -	P.O. Box 151	Harrison	Kootna		83833	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Suzanne Hoskinson	P.O. Box 151	Harrison	Kootna		83833	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 118654		6. Signature:  Name (type or print): <u>Paul Hoskinson</u> Date: <u>12/31/16</u> Title: _____																																				
Issued 10/18/2016 by SAT																																						