




No. <b>W 150321</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/26/2017</b>		2. Registered Agent and Office (NOT A P.O. BOX) ASHLEY THOMAS 6879 W WAVERLY LN BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: <i>Correct in this box if needed.</i> CHICKYROO LLC ASHLEY THOMAS 6879 W WAVERLY LN BOISE ID 83704		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"/>	Ashley Thomas 6879 W Waverly Ln Boise ID 83704					
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:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 150321           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>8/15/17</u> </td> </tr> <tr> <td>           Name (type or print): <u>Ashley Thomas</u> </td> <td>           Title: <u>mgr - President</u> </td> </tr> </table>	Signature: 	Date: <u>8/15/17</u>	Name (type or print): <u>Ashley Thomas</u>	Title: <u>mgr - President</u>
Signature: 	Date: <u>8/15/17</u>				
Name (type or print): <u>Ashley Thomas</u>	Title: <u>mgr - President</u>				

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