


No. W 21824	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 03/27/2018 1. Mailing Address: Correct in this box if needed. PORTNEUF PLAZA, L.C. KENDALL CHRISTENSEN PO BOX 50308 IDAHO FALLS ID 83405		LARRY KOHLER 4409 HAROLDSON DR IDAHO FALLS ID 83401 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kendall Christensen</td> <td>PO Box 50308</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83405</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Larry Kohler</td> <td>4409 Haroldson Dr</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83401</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Kendall Christensen	PO Box 50308	Idaho Falls	ID		83405	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Larry Kohler	4409 Haroldson Dr	Idaho Falls	ID		83401	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 21824	6. Signature:  Date: <u>4/14/18</u> Name (type or print): <u>Kendall Christensen</u> Title: _____																																					

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