

No. W 51539	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) SHARON BOLAND 1620 N LIBERTY 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. FIREHOUSE 6 LLC FIREHOUSE 6 LLC 1620 N LIBERTY BOISE ID 83704		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>Teri George Callkin</td> <td>4916 n. maiden stone</td> <td></td> <td></td> <td></td> <td>Boise 8313</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sharon Boland</td> <td>7213 E. Columbia Rd</td> <td></td> <td></td> <td></td> <td>Boise 83716</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Teri George Callkin	4916 n. maiden stone				Boise 8313	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sharon Boland	7213 E. Columbia Rd				Boise 83716	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 51539	6. Signature: <u>Sharon Boland</u> Name (type or print): <u>Sharon Boland</u>		Date: <u>2/21/18</u> Title: <u>owner</u>																																			
Issued 02/20/2018 by online																																						