




No. W 164768	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) CHRISTOPHER CACIOPPO 6048 N HARBOR TOWN PL BOISE ID 83714 <div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div>				
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. NORTH 45 INVESTMENTS, LLC 6048 N HARBOR TOWN PL BOISE ID 83714 <div style="font-size: 1.2em;">93 S. Eagle Rd</div> <div style="font-size: 1.2em;">Eagle, ID 83616</div>		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 type="checkbox"/> Member <input checked="" type="checkbox"/> Christopher Cacioppo 6048 N Harbor Town Pl., Boise, ID 83714							
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> David D. Willman 8456 W. Limelight St. Apt 105, Boise, ID 83714							
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</div> <div style="text-align: center; font-size: 1.2em;">W 164768</div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8/4/17</u> </td> </tr> <tr> <td> Name (type or print): <u>David D. Willman</u> </td> <td> Title: <u>member</u> </td> </tr> </table>		Signature: 	Date: <u>8/4/17</u>	Name (type or print): <u>David D. Willman</u>	Title: <u>member</u>
Signature: 	Date: <u>8/4/17</u>						
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Issued 08/04/2017 by JL1							