


W 15854

<http://www.sos.idaho.gov/CorpPrintForm/display.aspx?enum=w1585...>

No. W 15854	Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015		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	1. Mailing Address: Correct in this box if needed. SANDY BEACH B-3, LLC STEVEN J WRIGHT PO BOX 50578 IDAHO FALLS ID 83405		STEVEN J WRIGHT 477 SHOUP AVE STE 109 IDAHO FALLS ID 83402																																			
REINSTATEMENT FEE DUE: \$30.00			3. New 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>LENN DITCHARD</td> <td>24103 North 25th PL</td> <td>PHOENIX</td> <td>AZ</td> <td>US</td> <td>85024</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>KATHY DITCHARD</td> <td>24103 North 25th PL</td> <td>PHOENIX</td> <td>AZ</td> <td>US</td> <td>85024</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"/>	LENN DITCHARD	24103 North 25th PL	PHOENIX	AZ	US	85024	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KATHY DITCHARD	24103 North 25th PL	PHOENIX	AZ	US	85024	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LENN DITCHARD	24103 North 25th PL	PHOENIX	AZ	US	85024																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KATHY DITCHARD	24103 North 25th PL	PHOENIX	AZ	US	85024																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 15854	6. Signature:  Date: 6-9-16 Name (type or print): STEVEN J WRIGHT Title: AGENT																																					

Issued 06/09/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM