

Sep. 15. 2016 11:17AM

Reinstatement Annual Report Form
ADMIN DISSOLVED 08/31/2016

2. Registered Agent No. 2502 P. 2
(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

1. Mailing Address: Correct in this box if needed.

ADFIRE CREATIVE LLC
MATT A HILL
535 COUNTRYSIDE AVE
REXBURG ID 83440

MATTHEW HILL
535 COUNTRYSIDE AVE
REXBURG ID 83440

3. New 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"/> | Matt A Hill | 535 Countryside Ave | Rexburg | ID | Madison | 83440 |

Manager ☐ Member ☐

Manager ☐ Member ☐

Manager ☐ Member ☐

5. Organized Under the Laws of:

IDAHO
W 103072

6.

Signature:

Name (type or print):

Matt Hill

Date:

9-14-16

Title:

Manager

Issued 09/14/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM