

Sept. 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	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