




No. W 57198	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM F KING 2970 SHADOWWOLF DR EAGLE ID 83616																													
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. O2BR INVESTMENTS, LLC WILLIAM F KING PO BOX 2681 EAGLE ID 83616 USA		3. <u>New</u> Registered Agent Signature.																													
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7"> <div style="display: flex; justify-content: space-between;"> Manager Member (circle one) </div> </td> </tr> <tr> <td style="text-align: center;"> <input checked="" type="radio"/> </td> <td> William F King </td> <td> P.O. Box 2681 </td> <td> EAGLE </td> <td> ID </td> <td> 83616 </td> <td> USA 83616 </td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> </td> <td> LYNDYLL K KING </td> <td> SAME </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	<div style="display: flex; justify-content: space-between;"> Manager Member (circle one) </div>							<input checked="" type="radio"/>	William F King	P.O. Box 2681	EAGLE	ID	83616	USA 83616	<input type="radio"/>	LYNDYLL K KING	SAME				
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 57198 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 70%;"> Signature:  </td> <td style="width: 30%;"> Date: 3/15/12 </td> </tr> <tr> <td> Name (type or print): WILLIAM F KING </td> <td> Title: MCAR </td> </tr> </table>			Signature: 	Date: 3/15/12	Name (type or print): WILLIAM F KING	Title: MCAR																								
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Issued 03/16/2012 by DK1																																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**