




No. W 133824	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) STEVEN CAPORALE 410 E STATE ST STE 100 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. AMHERST MADISON PARTNERS LLC STEVEN A CAPORALE 410 E STATE ST STE 100 EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>STEVEN CAPORALE</td> <td>737 E. KAIBAB TRAIL DR.</td> <td>MERIDIAN</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JASON MCCURDY</td> <td>1260 N. GALLENT LANE.</td> <td>MERIDIAN</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ALEI GOTHBERG</td> <td>4252 W. SAGUARO DR.</td> <td>EAGLE</td> <td>ID</td> <td></td> <td>83616</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	STEVEN CAPORALE	737 E. KAIBAB TRAIL DR.	MERIDIAN	ID		83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JASON MCCURDY	1260 N. GALLENT LANE.	MERIDIAN	ID		83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ALEI GOTHBERG	4252 W. SAGUARO DR.	EAGLE	ID		83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 133824 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>April 30, 2016</u> </td> </tr> <tr> <td> Name (type or print): _____ </td> <td> Title: _____ </td> </tr> </table>		Signature: 	Date: <u>April 30, 2016</u>	Name (type or print): _____	Title: _____																															
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Issued 05/02/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM