

No. W 1077	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		2. Registered Agent and Office (NOT A P.O. BOX) ALDRED F AMES 4754 S MUSTANG CREEK LN BOISE ID 83709
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. NUGGET ENTERPRISES LIMITED LIABILITY COMPANY ALDRED F AMES 4754 S MUSTANG CREEK LN BOISE ID 83709		3. <u>New</u> 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"/>	Aldred F. Ames 4754 Mustang Cr. Ln Boise, Ida 83709		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Karl S. Ames 5813 S. Acheron Ave Boise, Id. 83709		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 1077 </div>		6. Signature: <u>Aldred F Ames</u> Date: <u>12/31/12</u> Name (type or print): <u>ALDRED F. AMES</u> Title: <u>Mgr</u>	
Issued 12/31/2012 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM