


No. W 117432	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office (NOT A P.O. BOX) MIKE MCLENNA 6263 W COHIBA LN BOISE ID 83703
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. ECHO BASE VIDEO LLC MIKE MCLENNA 6263 W COHIBA LN BOISE ID 83703		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"/> Mike McLenna " " " " "			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> TERESA Shackelford 6263 W. Cohiba LN Boise ID USA 83703			
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-size: large;"> IDAHO W 117432 </div>		6. Signature:  <hr/> Name (type or print): Mike McLenna	
		Date: <u>4/24/14</u> <hr/> Title: <u>Owner</u>	
Issued 04/24/2014 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM