

No. W 127210	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS COLLIGNON 611 18TH AVE N NAMPA ID 83687 Shawn Collignon 1918 W Claire Dr Meridian, ID 83646																																			
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. COLLIGNON ENTERPRISE LLC 1918 W CLAIRE DR MERIDIAN ID 83646		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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shawn Collignon</td> <td>1918 W Claire 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>Lindsey Collignon</td> <td>'same'</td> <td></td> <td></td> <td></td> <td></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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Shawn Collignon	1918 W Claire Dr	Meridian	ID		83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lindsey Collignon	'same'					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 127210 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature: <u>Shawn Collignon</u> </td> <td style="width: 40%;"> Date: <u>2-17-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Shawn Collignon</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>		Signature: <u>Shawn Collignon</u>	Date: <u>2-17-15</u>	Name (type or print): <u>Shawn Collignon</u>	Title: <u>owner</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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