


<b>No. W 160196</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MICHAEL FOSHA 1111 N 6TH BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FOSHA REAL ESTATE TEAM LLC 333 ROSSI STE 100 BOISE ID 83706		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael Fosha	1111 N. 6th St.	Boise ID Ada 83202
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amy Fosha	1111 N. 6th	Boise ID Ada 83702
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO W 160196           </div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>Michael Fosha</u> <hr/> Date: <u>12-20-17</u> <hr/> Title: <u>Member</u> <hr/>	
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