

No. W 144296	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) EVERETT CUSSINS 1205 N HARTMAN BOISE ID 83704
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. CUSSINS ENTERPRISES, LLC EVERETT F CUSSINS 1205 N HARTMAN STE 101A BOISE ID 83704		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"/> <i>Everett Cussins</i> <i>1205 N Hartman</i> <i>101A</i> <i>Boise</i> <i>ID</i>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Tedward Cussins</i> <i>"</i> <i>"</i> <i>"</i> <i>"</i> <i>83704</i>			
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 144296 </div>		6. Signature: <i>Everett Cussins</i> Date: <i>5-21-18</i> <hr/> Name (type or print): <i>Everett Cussins</i> Title: <i>CTO</i>	
Issued 05/16/2018 by SLD			