J _		
No. W 71778	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PROPERTYINIDAHO.COM LLC DAVID J WEST 12089 W PATRINA DR BOISE ID 83713	DAVID I WEST 12089 W PATRINA DR BOISE ID 83713 1830 E. Three Corners Meridian, Idaho 8364
REINSTATEMENT FEE DUE: \$30.00	1830, E. Three Corners Drive Meridian, Id 83646	3. New 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 ✓ Member ☐ Davicl J. West		
Manager Member	1830 E. Three Con	ners Drive Mendian
Manager Member		Idaho 83646
Manager Member		
5. Organized Under the Laws	of: 6.	
IDAHO W 71778	Signature: Name (type or print):	Date:
	David Tubot	ilue:

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Issued 11/18/2016 by TLB