


<b>No. W 110657</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> KURT ESHELMAN 14095 N NANA LN NAMPA ID 83651
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> EWR ENTERPRISES LLC KURT O ESHELMAN 14095 N NANA LN NAMPA ID 83651 USA		<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"/>	KURT ESHELMAN	14095 N. NANA LN, NAMPA, ID	83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>	CHARLOTTE ESHELMAN	14095 N. NANA LN, NAMPA, ID	83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>	TAMARA WEST	41 GRANITE FALLS DR, NAMPA, ID	83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>	ANGELA ESHELMAN	14095 N. NANA LN NAMPA, ID	83651
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 110657</div>		<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b>   <b>Name (type or print):</b>            KURT O. ESHELMAN         </div> <div style="width: 35%;"> <b>Date:</b>            6/25/15   <b>Title:</b>            MEMBER/AGENT         </div> </div>	
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM