| No. W 147456 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 06/05/2017 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)**<br>LISA HANSON<br>33 MEADOW CREEK DR<br>CENTERVILLE ID 83631 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. **Mailing Address: Correct in this box if needed.**<br>BOCO SLUICE BOX LLC<br>LISA HANSON<br>33 MEADOW CREEK DR<br>CENTERVILLE ID 83631 | 3. New Registered Agent Signature. |
| **REINSTATEMENT FEE DUE:** $30.00 | | |

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 ☐ | Lisa Hanson | 33 Meadow Creek Dr | Centerville | Id | Boise | 83631 |
| Manager ☒ Member ☐ | Dean Hanson | 33 Meadow Creek Dr | Centerville | Id | Boise | 83631 |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |

| 5. Organized Under the Laws of: | 6. Signature: | Date: |
|---|---|---|
| IDAHO<br>W 147456 | Name (type or print): Lisa L Hanson | 6/26/2017<br>Title: Manager |

Issued 06/09/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT