


No. <b>W 154176</b>		Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHAYNE COMMONS <del>11485 W TEMPE LN</del> <del>STAR ID 83669</del> 3128 E 3500 N Twin Falls, ID 83301	
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. ANCIENT ORGANISM LLC SHAYNE COMMONS <del>11485 W TEMPE LN</del> <del>STAR ID 83669</del> 3128 E 3500 N Twin Falls, ID 83301		3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Shayne Commons		3128 E 3500 N Twin Falls ID USA 83301	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.		Date:	
IDAHO W 154176		Signature: 		6/21/2017	
		Name (type or print): Shayne Commons		Title: Member	
Issued 06/21/2017 by JL1					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the