

No. W 69995		Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) DENICE JONES 8800 W STATE ST BOISE ID 83714	
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. GUTHRIE STONE, LLC DENICE E JONES 8800 W STATE ST BOISE ID 83714		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Denice Jones 8800 W. State St Boise Id ADA 83714			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Colter Guthrie (same)			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 69995		Signature: <u>Denice Jones</u>			
		Name (type or print):		Date: <u>3/18/16</u>	
		<u>Denice Jones</u>		Title: <u>Owner</u>	
Issued 03/14/2016 by TLB					

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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the