

No. W 101006	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW RYAN MADENFORD 8384 MAP ROCK RD CALDWELL ID 83607
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. LIGHT VENTURES, L.L.C. RYAN MADENFORD 8384 MAP ROCK RD <u>3605 N. Pollard</u> CALDWELL ID 83607 USA <u>Star ID 83607</u>		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<u>Ryan Madenford</u>	<u>3605 N Pollard Ln, Star, ID,</u>				<u>83669</u>
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: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 101006</div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: Name (type or print): _____ </div> <div> Date: <u>8-6-18</u> Title: _____ </div> </div>
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Issued 08/06/2018 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM