




No. W 91591	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) DERRICK OXNAM 4 LUPINE DR APT A GRANGEVILLE ID 83530 2445 W. Hwy 52 Emmett, ID 83617
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. OXNAM'S LLC DERRICK OXNAM 4 LUPINE DR APT A 2445 W. Hwy 52 GRANGEVILLE ID 83530 Emmett, ID 83617		3. <u>New</u> Registered Agent Signature.

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"/>	Derrick Oxnam	2445 W. Hwy 52	Emmett	ID	USA	83617
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-size: 1.2em;"> IDAHO W 91591 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Derrick Oxnam </td> <td style="width: 40%;"> Date: 6/20/13 Title: Manager </td> </tr> </table>	Signature:  Name (type or print): Derrick Oxnam	Date: 6/20/13 Title: Manager
Signature:  Name (type or print): Derrick Oxnam	Date: 6/20/13 Title: Manager		

Issued 06/18/2013 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM