

4/29/2015

W 110382

No. <b>W 110382</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> LYNDSEY HOPKINS 6360 N SAGUARO HILLS STE 100 MERIDIAN ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> REIGN, LLC TAMMY L JENKINS 6360 N SAGUARO HILLS STE 100 MERIDIAN ID 83646		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Tammy Jenkins</td> <td>6360 N Saguaro Ave.</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lyndsey Lee</td> <td>6360 N Saguaro Ave.</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tammy Jenkins	6360 N Saguaro Ave.	Meridian	ID		83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lyndsey Lee	6360 N Saguaro Ave.	Meridian	ID		83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 110382		<b>6.</b> Signature: <u>Tammy Jenkins</u> Date: <u>4/28/15</u> Name (type or print): <u>Tammy Jenkins</u> Title: <u>4/28/15</u>																																				

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## 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 corrected address must be inside Block 1.

... agent or office, strike the incorrect information and write in the correct information. **Note:** The office