



<b>No. W 126732</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE          DUE: \$30.00</b>	<b>Reinstatement Annual Report Form          ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office (NOT A P.O. BOX) <del>STEVEN CARPATE</del> <del>737 E. ICAIBUS TRAIL DR</del> <del>MERIDIAN ID 83646</del> Nick Schlekeway 4615 W. Emerald St. Boise, ID 83706																																			
	1. Mailing Address: Correct in this box if needed. AMHERST MADISON, LLC 4615 W. Emerald NICK C SCHLEKEWAY <del>737 E. WEST STATE ST</del> Boise, ID 83706 <del>206</del> <del>BOISE ID 83702</del> <del>1715 W. Emerald</del>		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Nick Schlekeway</td> <td>5028 E Woodcutter DR.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83716</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>STEVEN CARPATE</td> <td>737 E. ICAIBUS TRAIL DR</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Nick Schlekeway	5028 E Woodcutter DR.	Boise	ID		83716	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STEVEN CARPATE	737 E. ICAIBUS TRAIL DR	MERIDIAN	ID		83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 126732</b> </div>		6. Signature:  Name (type or print): <u>Nick Schlekeway</u> Date: <u>12-7-16</u> Title: <u>Manager</u>																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM