


No. <b>W 179353</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/29/2018</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CCCC RIP, LLC <del>18208 N POPE RD</del> <i>14651 N. Reflection Rd</i> <del>HAYDEN ID 83835</del> <i>Rathdrum, ID 83858</i>	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CHRIS RIPATTI <del>18208 N POPE RD</del> <i>14651 N. Reflection Rd.</i> <del>HAYDEN ID 83835</del> <i>Rathdrum ID</i> <i>83858</i>  <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>Chris Ripatti</td> <td>14651 N. Reflection Rd.</td> <td>Rathdrum</td> <td>ID</td> <td>USA</td> <td>83858</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> <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"/>	Chris Ripatti	14651 N. Reflection Rd.	Rathdrum	ID	USA	83858	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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>  <b>IDAHO</b> <b>W 179353</b>	<b>6.</b> Signature:  Date: <u>7-16-18</u> Name (type or print): <u>Chris Ripatti</u> Title: <u>Pres.</u>																																				

Issued 07/16/2018 by online

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