


No. W 151460	Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2018		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. LAND O'LYON'S LLC JOSEPH LYON 5607 Shiloh Dr. Caldwell ID 83607		JOSEPH LYON 5607 SHILOH DR. CALDWELL ID 83607-8360																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JOE LYON</td> <td>5607 SHILOH DR.</td> <td>CALDWELL, ID</td> <td>USA</td> <td></td> <td>83607</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>SHANTELL LYON</td> <td>5607 SHILOH DR.</td> <td>CALDWELL, ID</td> <td>USA</td> <td></td> <td>83607</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"/>	JOE LYON	5607 SHILOH DR.	CALDWELL, ID	USA		83607	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SHANTELL LYON	5607 SHILOH DR.	CALDWELL, ID	USA		83607	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JOE LYON	5607 SHILOH DR.	CALDWELL, ID	USA		83607																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SHANTELL LYON	5607 SHILOH DR.	CALDWELL, ID	USA		83607																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 151460		6. Signature:  Date: <u>9/17/18</u> Name (type or print): <u>JOSEPH LYON</u> Title: <u>OWNER/MANAGER</u>																																				
Issued 09/17/2018 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM