

No. W 10570	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) DEBRA J MCKIBBIN 2820 S EAGLE RD MERIDIAN ID 83642-6705																																								
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. KIBBYS KENNELS L.L.C. DEBRA J MCKIBBIN 2820 S EAGLE RD MERIDIAN ID 83642-6705		3. <u>New</u> Registered Agent Signature.																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Debra McKibbin</td> <td>2820 S Eagle Rd</td> <td>Meridian, ID</td> <td></td> <td></td> <td>83642-6705</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> <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> <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> <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"/>		Debra McKibbin	2820 S Eagle Rd	Meridian, ID			83642-6705	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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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 10570</div>		6. Signature: <u>Debra McKibbin</u> Date: <u>4-11-17</u> Name (type or print): <u>Debra McKibbin</u> Title: <u>MANAGER</u>																																									
Issued 03/29/2017 by online																																											

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM