

No. W 13534	Reinstatement Annual Report Form ADMIN DISSOLVED 02/05/2009		2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> STEVE White 1320 S. 12TH Ave Nampa. Id. 83651 </div>
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. ESCALADE, LLC 2422 12TH AVE RD #134 NAMPA ID 83686		3. <u>New</u> Registered Agent Signature. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> </div>

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Autumn Short	2422 12 TH AVE RD #134	Nampa	ID		83686
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	mark Short	2422 12 TH AVE RD #134	Nampa	ID		83686
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STEVE WHITE	1320 12 TH Ave S.	Nampa	ID		83651
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 13534 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 10/10/14 </td> </tr> <tr> <td> Name (type or print): Autumn Short </td> <td> Title: Manager </td> </tr> </table>	Signature:	Date: 10/10/14	Name (type or print): Autumn Short	Title: Manager
Signature:	Date: 10/10/14				
Name (type or print): Autumn Short	Title: Manager				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM