




**FILED EFFECTIVE**

| No. <b>W 54351</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 12/17/2013</b>   |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>DONNA L MAROSE<br>28017 WATKINS GLEN CT<br>WILDER ID 83676 |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|---|---------------|--|-------------------|-------|---------|-------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>OWYHEE LANES & RESTAURANT, LLC<br>DONNA L MAROSE<br><del>P.O. BOX 566</del><br><del>HOMEDALE ID 83628</del><br>28017 Watkins glen Ct<br>Wilder ID 83676 |  | 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: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 5%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">Donna L. marose, 28017 Watkins glen Ct. Wilder ID 83676</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table> |  |  |   | Manager or Member   | Name          | Street or PO Address                     | City              | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | Donna L. marose, 28017 Watkins glen Ct. Wilder ID 83676 |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | 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 checked="" type="checkbox"/>  | Donna L. marose, 28017 Watkins glen Ct. Wilder ID 83676  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 54351</div>  |  | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Signature:  </td> <td style="width: 40%; padding: 5px;">           Date: 7-11-16         </td> </tr> <tr> <td style="padding: 5px;">           Name (type or print):<br/>           Donna L. Marose         </td> <td style="padding: 5px;">           Title:<br/>           manager         </td> </tr> </table> |   | Signature:  | Date: 7-11-16 | Name (type or print):<br>Donna L. Marose | Title:<br>manager |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature:    | Date: 7-11-16  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (type or print):<br>Donna L. Marose  | Title:<br>manager  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 07/11/2016 by online   |  |  |   |   |               |  |                   |       |         |             |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |