

No. W 147162	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHERYL COE 450 WALLCREEK RD HARPSTER ID 83552																																				
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. SILVER DOLLAR PIZZERIA, L.L.C PO BOX 337 KOOSKIA ID 83539 Stiles, ID 83552		3. <u>New</u> 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>Sheryl Coe</td> <td>PO Box 337</td> <td>Stiles</td> <td>ID</td> <td>us</td> <td>83552</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steven Schilling</td> <td>PO Box 337</td> <td>Stiles</td> <td>ID</td> <td>us</td> <td>83552</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"/>	Sheryl Coe	PO Box 337	Stiles	ID	us	83552	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steven Schilling	PO Box 337	Stiles	ID	us	83552	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: IDAHO W 147162		6. Signature: <u>Sheryl Coe</u> Name (type or print): <u>Sheryl Coe</u> Date: <u>1-16-17</u> Title: <u>Manager</u>																																					
Issued 01/16/2017 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM