


No. W 58275	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW PETREHN 1297 NORTH CHAUCER WAY EAGLE ID 83616																																																																
Return to: SECRETARY OF STATE 450 N 4th STREET REINSTATEMENT FEE DUE: \$30.00 83720-0080	1. Mailing Address: Correct in this box if needed. AVP RESTAURANT GROUP, LLC ANDREW PETREHN PO BOX 1756 EAGLE ID 83616		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"/></td> <td>Andrew Petrehn</td> <td>PO Box 1756</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> <tr> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>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"/>	Andrew Petrehn	PO Box 1756	Eagle	ID	USA	83616	Member <input type="checkbox"/>							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: IDAHO W 58275	6. Signature:  Date: 2/4/14 Name (type or print): Andrew Petrehn Title: Manager																																																																		
Issued 02/04/2014 by online																																																																			