

No. W 138202	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) JAY R VAUGHN 3685 ADDISON AVE E HANSEN ID 83334
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. VAUGHN HOUSE ENTERPRISES LLC 3685 ADDISON AVE E HANSEN ID 83334		3. <u>New</u> Registered Agent Signature.
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"/>	Jay R Vaughn	3685 Addison Ave E	Hansen ID. 83334 83334
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Melissa Vaughn	3685 Addison Ave E	Hansen ID. U.S. 83334
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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 138202 </div>		6. Signature: <u>Jay R Vaughn</u> Name (type or print): <u>Jay R Vaughn</u> Date: <u>11-25-15</u> Title: <u>Owner</u>	
Issued 11/24/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM