

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	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.																																			
REINSTATEMENT FEE DUE: \$30.00	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="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jay R Vaughn</td> <td>3685 Addison Ave E</td> <td>Hansen ID</td> <td>ID</td> <td>U.S.</td> <td>83334</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Melissa Vaughn</td> <td>5685 Addison Ave E</td> <td>Hansen ID</td> <td>ID</td> <td>U.S.</td> <td>83334</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"/>	Jay R Vaughn	3685 Addison Ave E	Hansen ID	ID	U.S.	83334	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Melissa Vaughn	5685 Addison Ave E	Hansen ID	ID	U.S.	83334	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: <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