

No. W 132172	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) BRYAN JAMES NYHOF 6232 N PARK MEADOW WAY APT 101 BOISE ID 83713
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. NYHOF ENTERPRISES LLC 6232 N PARK MEADOW WAY APT 101 BOISE ID 83713		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"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Bryan Nyhof</i>	<i>481 Hale Street apt. c</i>	<i>Boise ID ADA 83706</i>
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 132172 </div>		6. Signature: <i>[Signature]</i> <hr/> Name (type or print): <i>Bryan Nyhof</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <i>5/13/15</i> <hr/> Title: <i>Owner</i> <hr/> </div> </div>	

Issued 05/11/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM