


No. W 68241	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX)
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. ELLSWORTH HOLDINGS, LLC JAMES S ELLSWORTH 49 HILLSIDE AVE MILL VALLEY CA 94541 USA 101 Ridge Rd. Fairfax, CA 94930		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA
REINSTATEMENT FEE DUE: \$30.00			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"/>	James Ellsworth	101 Ridge Rd.	Fairfax, CA 94930 USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 68241	6. Signature:  Name (type or print): <u>James Ellsworth</u>		Date: <u>3/8/17</u> Title: <u>ceo/manager</u>
Issued 03/08/2017 by online			

INSTRUCTIONS FOR THE FRANCHISE ANNUAL REPORT FORM