


No. W 72357	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		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. CANYON INFLATABLES, LLC CODY A JANSON 1825 WHIFF DR 1479 W. OAKHAMPTON DR EAGLE ID 83616 USA		CODY JANSON 1825 WHIFF DR 1479 W. OAKHAMPTON DR EAGLE ID 83616																																		
REINSTATEMENT FEE DUE: \$30.00			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 data-bbox="168 626 386 647">Manager or Member</th> <th data-bbox="451 626 516 647">Name</th> <th data-bbox="604 626 815 647">Street or PO Address</th> <th data-bbox="889 626 928 647">City</th> <th data-bbox="971 626 1010 647">State</th> <th data-bbox="1042 626 1123 647">Country</th> <th data-bbox="1172 626 1286 647">Postal Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="168 669 354 701"> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td data-bbox="425 669 571 696">CODY JANSON</td> <td data-bbox="613 669 831 696">1479 W. OAKHAMPTON</td> <td data-bbox="873 669 945 696">EAGLE</td> <td data-bbox="987 669 1010 696">ID</td> <td data-bbox="1052 669 1107 696">USA</td> <td data-bbox="1188 669 1269 696">83616</td> </tr> <tr> <td data-bbox="168 736 354 768"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="168 803 354 835"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="168 870 354 903"> 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"/>	CODY JANSON	1479 W. OAKHAMPTON	EAGLE	ID	USA	83616	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 72357		6. Signature:  Name (type or print): <u>Cody Janson</u>			Date: <u>6-19-13</u> Title: <u>OWNER</u>																																		
Issued 06/18/2013 by KAH																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM