


No. W 127974	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW CROSSMAN 527 N LEWIS LN RIGBY ID 83442
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. INNABLE LLC 527 N LEWIS LN RIGBY ID 83442		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"/>	Andrew Crossman	527 N. Lewis Ln	Rigby	ID	Jefferson	83442
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mitch Russon	2397 Eagle #201	Ammon	ID	Bonneville	83406
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;"> IDAHO W 127974 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Andrew Crossman</u> </div> <div style="width: 35%;"> Date: <u>12/28/14</u> Title: <u>Manager</u> </div> </div>
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Issued 12/29/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM