No. W 146160	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016	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.** TETON CABIN CARE LLC PO BOX 77 ISLAND PARK ID 83429	ALEXA PIRES ~~3529 KILDORE TALE~~ ~~ISLAND PARK ID 83429~~ 33916 Highway 20 Island Park, ID 83429 208-360-9157
REINSTATEMENT FEE **DUE:** $30.00		3. New 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 ☒ Member ☐	Alexa Pires	P.O. Box 77	Island Park	ID		83429
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 146160	Signature: Alexa Pires Date: 4/25/18 Name (type or print): Alexa Pires Title: 4/25/18

Issued 04/13/2018 by online