

No. W 68809	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. FOX WAREHOUSE LLC BO PORTER 3467 EAST 480 NORTH LEWISVILLE ID 83431		BO PORTER 3467 EAST 480 NORTH LEWISVILLE ID 83431	
REINSTATEMENT FEE DUE: \$30.00			3. <u>Now</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
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Bo Porter	3467 E 480 N	Lewisville, ID	USA
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Kris Stowell	3467 E 480 N	Lewisville, ID	USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:		6.		
IDAHO		Signature:		
W 68809		Date:		
		Scott Smith		
		Name (type or print):		
		Scott Smith		
		Title:		
		Agent		

Issued 08/01/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM