No. W 142842	Reinstatement Annual Report Form	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	ADMIN DISSOLVED 01/25/2016  1. Mailing Address: Correct in this box if needed.  GRIDMASTERS LLC WILKEN JONES JR 219 SE PARK AVE NEW PLYMOUTH ID 83655 Payche ID	WILKEN JONES JR  219 SE PARK AVE  NEW PLYMOUTH ID 83655  SCHOLD SON CS  420 S 12 h S    FRYCHE TO 83661  3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00	1 83661	3. Item 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 Steet Sone's 420 5 12th St. Phythic ID USA 8366/  Manager Member Willen Sone's SR P.O Box 452 Payelle IP 45A 8366/		
Manager Member Member Member		
Manager  Member		
5. Organized Under the La IDAHO W 142842	Signature:	Date: 2-16-16
VV 172072	Name (type or print):	Manuall

Issued 02/16/2016 by online