

No. W 129884	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) JASON GIDDINGS 805 SCHWEITZER PLAZA PONDERAY ID 83852
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. GIDDINGS PRODUCT DEVELOPMENT, LLC JASON GIDDINGS 805 SCHWEITZER PLAZA PONDERAY ID 83852 273 BIRCH BANKS SAGLE, ID 83860		3. New Registered Agent Signature. 
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name JASON GIDDINGS	Street or PO Address 273 BIRCH BANKS	City SAGLE ID State USA Country 83860 Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 129884		6. Signature: JASON GIDDINGS Name (type or print): JASON GIDDINGS	Date: 10 APRIL 2017 Title: _____

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM