




No. W 99364	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) JAMES D WALTERS 2838 ABBS LANE BOISE ID 83705																																				
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. VON WALTER, LLC JAMES D WALTERS 2838 ABBS LANE BOISE ID 83705 <div style="margin-left: 150px;"> <i>PO BOX 5813</i> <i>BOISE ID</i> <i>83705</i> </div>		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 30%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JAMES D WALTERS</td> <td>PO BOX 5813</td> <td>BOISE</td> <td>ID</td> <td>ADA</td> <td>83705</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JAMES D WALTERS	PO BOX 5813	BOISE	ID	ADA	83705	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 99364 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <div style="text-align: center;"><i>8-20-11</i></div> </td> </tr> <tr> <td> Name (type or print): <div style="text-align: center;"><i>JAMES D WALTERS</i></div> </td> <td> Title: <div style="text-align: center;"><i>MANAGER</i></div> </td> </tr> </table>			Signature: 	Date: <div style="text-align: center;"><i>8-20-11</i></div>	Name (type or print): <div style="text-align: center;"><i>JAMES D WALTERS</i></div>	Title: <div style="text-align: center;"><i>MANAGER</i></div>																															
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