


No. <b>W 70229</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/15/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> OWEN TENNYSON 628 TOGSTAD CT NAMPA ID 83651																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ESCHTENN PROPERTY MANAGEMENT, LLC OWEN TENNYSON 628 TOGSTAD CT NAMPA ID 83651 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>OWEN TENNYSON</td> <td>628 TOGSTAD CT, Nampa, ID, USA</td> <td></td> <td></td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DEE TENNYSON</td> <td>628 TOGSTAD CT, Nampa, ID, USA,</td> <td></td> <td></td> <td></td> <td>83651</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	OWEN TENNYSON	628 TOGSTAD CT, Nampa, ID, USA				83651	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DEE TENNYSON	628 TOGSTAD CT, Nampa, ID, USA,				83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	OWEN TENNYSON	628 TOGSTAD CT, Nampa, ID, USA				83651																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DEE TENNYSON	628 TOGSTAD CT, Nampa, ID, USA,				83651																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 70229           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:              Name (type or print):  <u>OWEN P. TENNYSON</u> </div> <div style="width: 35%;">           Date:  <u>5/6/13</u>            Title:  <u>MEMBER</u> </div> </div>																																				
Issued 04/24/2013 by CLH																																						