No. W 59264	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017	2. Registered Agent and Office **(NOT A P.O. BOX)** HOWARD W BOSH 1749 KIMBERLY RD TWIN FALLS ID 83301
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.** PRESSBOX OPERATING COMPANY LLC (THE) HOWARD W BOSH 3563 N 3000 E TWIN FALLS ID 83301	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 or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	JEROD W. BOSH	131 MAIN AVE E STE 1	TWIN FALLS	ID	TWIN FALLS	83301
Manager ☒ Member ☐	HOWARD W BOSH	131 MAIN AVE E STE 1	TWIN FALLS	ID	TWIN FALLS	83301
Manager ☐ Member ☒	PAMELA O BOSH	131 MAIN AVE E STE 1	TWIN FALLS	ID	TWIN FALLS	83301
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 59264	Name (type or print): HOWARD W BOSH	Title: MANAGER

Issued 06/13/2017 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM