

No. W 134872	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM WEAVER 5 FREEMAN CK RD CARMEN ID 83462
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. KITCHEN CATERING AND PARTY RENTALS LLC (THE) WILLIAM WEAVER 710 UNION AVE SALMON ID 83467		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shannon Weaver	710 Union Ave	Salmon ID Lemhi 83467
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 134872 </div>		6. Signature: <u>Shannon Weaver</u> Name (type or print): <u>Shannon Weaver</u> Date: <u>7/1/16</u> Title: <u>owner</u>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM