

No. W 56162		Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) WADE MILLER <i>Katie Jo Miller</i> 1890 LEIGH CREEK ESTATES TETONIA ID 83452 <i>629 Valley Center Dr</i> <i>Unit 5</i> <i>Driggs ID 83422</i>	
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. R&R PROPERTY MANAGEMENT, LLC KATIE J MILLER PO BOX 1016 VICTOR ID 83455		3. New Registered Agent Signature. <i>x Katie Miller</i>	
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"/>		<i>Katie Jo Miller</i>		<i>PO Box 1016 Victor ID USA 83455</i>	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		<i>Wade Miller</i>		<i>3625 S Stateline Hwy 83414</i>	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		<i>Wade Miller</i>		<i>3625 S Stateline, Alt Hwy 83414</i>	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 56162		Signature: <i>Katie Miller</i>		Date: <i>8/28/18</i>	
		Name (type or print): <i>Katie Jo Miller</i>		Title: <i>MANAGER</i>	
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