


No. <b>W 84555</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PAUL DICKINSON 1115 8TH AVE E JEROME ID 83338
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> PAUL DICKINSON, PLLC PAUL DICKINSON 1115 8TH AVE E JEROME ID 83338		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"/> Paul Dickinson    1115 8th Ave E    Jerome ID    83338			
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-weight: bold; font-size: 1.2em;">             IDAHO              W 84555           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature:   <hr/>           Name (type or print):  <u>Paul Dickinson</u> </div> <div>           Date: <u>10-1-13</u>  <hr/>           Title: <u>manag</u> </div> </div>	
Issued 09/25/2013 by CLH			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM