

4/16/2018

W 172786

No. W 172786	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018																																				
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. STARLITE ENTERPRISES, LLC NATHAN JESSOP 12258 N HILINE RD CHUBBUCK ID 83202																																				
	2. Registered Agent and Office (NOT A P.O. BOX) NATHAN JESSOP 12258 N HILINE RD CHUBBUCK ID 83202																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Nathan Jessop</td><td>427 N. Main, Suite D,</td><td>Bozello,</td><td>ID</td><td>83202</td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td>USA</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><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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Nathan Jessop	427 N. Main, Suite D,	Bozello,	ID	83202		Manager <input type="checkbox"/> Member <input type="checkbox"/>					USA		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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