

No. <b>W 75696</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/23/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>JILL C ZWYER</del> <i>Gary Griffith</i> 6808 W SELTICE WAY POST FALLS ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> META RENTALS, LLC <del>JILL C ZWYER</del> 6808 W SELTICE WAY POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature. <i>Gary Griffith</i>																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																																						
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Zena Rinaldi</td> <td>1458 NE Rewire</td> <td>Bend, OR</td> <td>USA</td> <td></td> <td>97701</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gary Griffith</td> <td>6808 W Seltice Way</td> <td>Post Falls, ID</td> <td>USA</td> <td></td> <td>83854</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Zena Rinaldi	1458 NE Rewire	Bend, OR	USA		97701	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gary Griffith	6808 W Seltice Way	Post Falls, ID	USA		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**