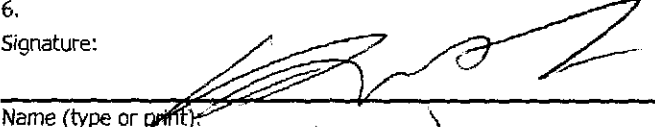


No. W 166773	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017		2. Registered Agent and Office (NOT A P.O. BOX) VAN CURRY SHAW JR 9346 W HOLT ST BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. VAN SHAW ENTERPRISES LLC VAN CURRY SHAW JR 9346 W HOLT ST BOISE ID 83704 919 Meadowview Dr Nampa ID 83651		3. New 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"/>	Van C. Shaw Jr.	919 Meadowview Dr	Nampa ID 83651
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 166773 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Van Curry Shaw Jr.</u> </div> <div style="width: 35%;"> Date: <u>Feb. 11, 2018</u> Title: <u>owner.</u> </div> </div>	

Issued 02/12/2018 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM