


No. <b>W 44962</b>		Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) CORY L MILLER 4738 N NYSTROM PL BOISE ID 83713	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  REINSTATEMENT FEE DUE: <b>\$30.00</b>		1. Mailing Address: Correct in this box if needed.  IDSWEBITES.COM CORY L MILLER 868 E RIVERSIDE DR STE 250 EAGLE ID 83616		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
owner	Cory L Miller	4738 N Nystrom Pl.	Boise	ID	83713
5. Organized Under the Laws of: 6.					
IDAHO W 44962		Signature: 		Date: 15 June 10	
		Name (type or print): Cory L Miller		Title: owner/member	
Issued 06/15/2010 by SLD					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.