No. W 80480	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010	Registered Agent and Office (NOT A P.O. BOX) CHRIS THOMETZ
Return to:		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	2220 S ILLINOIS AVE BOISE ID 83706
	CHRIS THOMETZ PHOTOGRAPHY, LLC	
	2220 S ILLINOIS AVE BOISE ID 83706	3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00		
4. Limited Liability Compani	es: Enter Names and Addresses of Managers OR Members.	
Office Held Nam	e Street or PO Address	City State Country Postal Code
Member Barb Th	hometz 2230 S. Illinois Ave. Bois ometz 2230 S. Illinois Ave. Boise	, ID Ada 83706
5. Organized Under the Law	s of 16	
IDAHO	Signature: (en	Date: 4/37/18
W 80480	Name (type or print): Chiris Thometz	Title: Manager
Issued 04/19/2010 by SLD		
		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM