




FILED

No. W 145742	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) DAREN KEARSLEY 50 E WALLACE AVE DRIGGS ID 83422																																				
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. BRITTS PHOTOS LLC 7796 HOusetop Lane <i>PO Box 498</i> VICTOR ID 83455																																				
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.																																			
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>Lance Roberts</td> <td>PO Box 498</td> <td>Victor, ID</td> <td>USA</td> <td></td> <td>83455</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brittney Roberts</td> <td>PO Box 498</td> <td>Victor, ID</td> <td>USA</td> <td></td> <td>83455</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"/>	Lance Roberts	PO Box 498	Victor, ID	USA		83455	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brittney Roberts	PO Box 498	Victor, ID	USA		83455	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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