

No. W 121928	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 05/25/2016		HEATHER WILLIAMS 165 ROSEHAVEN LN KOOSKIA ID 83539																																			
	1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN TRADERS LLC. MICHAEL WILLIAMS GENERAL DELIVERY KOOSKIA ID 83539		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Michael Williams 165 ROSEHAVEN LN KOOSKIA ID 83539</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael Williams 165 ROSEHAVEN LN KOOSKIA ID 83539						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 121928		6. Signature: <u>Michael Williams</u> Date: <u>Jun 13, 2016</u> Name (type or print): <u>Michael Williams</u> Title: <u>MANA</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM