


No. W 97332	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS SANDERS 3473 E 4058 N KIMBERLY ID 83341
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. T AND T CAFE L.L.C. (THE) THOMAS SANDERS 195 ROCK CREEK RD HANSEN ID 83334 USA		3. <u>New</u> 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 checked="" type="checkbox"/> <i>Tiffany Sanders 3473 East 4058 North Kimberly ID 83341</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Thomas Sanders 3473 East 4058 North Kimberly ID 83341</i>			
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: large;"> IDAHO W 97332 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <i>Thomas Sanders</i> </div> <div style="width: 35%;"> Date: <i>4/5/2017</i> Title: <i>Co-Owner</i> </div> </div>	
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