

No. W 107813	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		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	1. Mailing Address: Correct in this box if needed. ANW ENTERPRISES, LLC 113-14TH AVE S 670 Ave. H #301 NAMPA ID 83651 Boise, ID 83712		GOOD SENSE BUSINESS SOLUTIONS INC 113-14TH AVE S NAMPA ID 83651 April Holland 670 Ave. H #301 Boise, ID 83712
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature. <i>April Holland</i>
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 type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>April Holland</i>		<i>670 Ave. H #301</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>			<i>Boise, ID 83712</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 107813	6. Signature: <i>April Holland</i> Name (type or print): <u><i>April Holland</i></u>		Date: <u><i>03-06-12</i></u> Title: <u><i>OWNER</i></u>
Issued 03/06/2013 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM