

No. W 8295	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) PAULA B WEST 9630 N RIDGEWOOD RD POCA TELLO ID 83201
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. CALL-TAYSOM-WEST, LLC PAULA B WEST 9630 N RIDGEWOOD RD POCA TELLO ID 83201		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 type="checkbox"/> <i>Paula West</i> <i>9630 N. Ridgewood Road</i> <i>Pocatello Idaho USA 83201</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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;"> IDAHO W 8295 </div>		6. <div style="display: flex; justify-content: space-between;"> <div> Signature: <i>Paula West</i> Name (type or print): <i>Paula West</i> </div> <div> Date: <i>9-1-15</i> Title: <i>Manager</i> </div> </div>	
Issued 06/23/2015 by JLI			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information.