

FILED EFFECTIVE

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| No. W 53126 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012 | | 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 | 1. Mailing Address: Correct in this box if needed. CROSBY ENTERPRISES LLC VIN CROSBY 4110 E CHESAPEAKE DR NAMPA ID 83686 USA <i>7249 W. Colonial St. APT D204 Boise ID 83709</i> | | VIN CROSBY 4110 E CHESAPEAKE DR NAMPA ID 83686 <i>7249 W. Colonial St. APT D204 Boise, ID 83709</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>VINCENT CROSBY</td> <td>7249 W. Colonial St. APT D204</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83709</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | VINCENT CROSBY | 7249 W. Colonial St. APT D204 | Boise | ID | USA | 83709 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | VINCENT CROSBY | 7249 W. Colonial St. APT D204 | Boise | ID | USA | 83709 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: IDAHO W 53126 | 6. Signature: <i>V. Crosby</i> Name (type or print): <i>VINCENT CROSBY</i> | | Date: <i>6/2/2014</i> Title: <i>OWNER</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 06/02/2014 by online | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |