

No. W 160360	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) CAMERON STAMOS 2437 US HWY 20 ARCO ID 83213
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. CHASE N' JACX LLC. 2437 US HWY 20 ARCO ID 83213		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"/> <u>Cameron Stamos</u> <u>2437 US HWY 20</u> <u>Arco ID</u> <u>Butte</u> <u>83213</u>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <u>Chris Stamos</u> <u>2437 US HWY 20</u> <u>Arco ID</u> <u>Butte</u> <u>83213</u>			
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 160360 </div>		6. Signature: <u>Cameron Stamos</u> Name (type or print): <u>Cameron Stamos</u> <div style="text-align: right;"> Date: <u>7/7/17</u> Title: <u>Owner / Manager</u> </div>	
Issued 07/07/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Use of this form. Pay special attention to the mailing address. If the