


| No. W 121863 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018 1. Mailing Address: Correct in this box if needed. TETON WEBSTORES, LLC DANIEL ROBISON 524 N 1000 W REXBURG ID 83440 3275 S. Jordan Ln. Washington, UT 84780 | 2. Registered Agent and Office (NOT A P.O. BOX) DANIEL ROBISON 524 N 1000 W 5 W 1st S, REXBURG ID 83440 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|----------------|-------------------|------------|----|--|-------|---|---------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Daniel Robison</td> <td>3275 S. Jordan Ln</td> <td>Washington</td> <td>UT</td> <td></td> <td>84780</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Macie Robison</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> </tbody> </table> | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Daniel Robison | 3275 S. Jordan Ln | Washington | UT | | 84780 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Macie Robison | " | " | " | " | " | 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"/> | Daniel Robison | 3275 S. Jordan Ln | Washington | UT | | 84780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Macie Robison | " | " | " | " | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 121863 | 6. Signature:  Date: <u>7-16-2018</u> Name (type or print): <u>Daniel Robison</u> Title: <u>Owner</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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