

No. W 49519		Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> HAROLD STONE 5729 CHUCKWAGON NAMPA ID 83686	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		1. Mailing Address: Correct in this box if needed.  7 & 9, LLC HAROLD J STONE PO BOX 926 NAMPA ID 83653-0926		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Name <i>Harold Stone</i>	Street or PO Address <i>5729 Chuckwagon</i>	City <i>Nampa</i>	State <i>ID</i>	Country <i>Canyon</i>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>					Postal Code <i>83686</i>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>					
5. Organized Under the Laws of:  IDAHO W 49519					
6. Signature 		Name (type or print) <i>Harold Stone</i>		Date: <i>6/17/13</i>	
				Title: <i>Manager</i>	
Issued 06/11/2013 by DKI					