

No. W 130526	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) BILL ARKOOSH 2005 US HIGHWAY 26 GOODING ID 83330							
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. AJMS, LLC KAREN ARKOOSH 2005 US HIGHWAY 26 GOODING ID 83330		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bill Arkoosh 2005 US Hwy 26 Gooding ID 83330									
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; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 130526</div>		6. Signature: <div style="text-align: center; font-family: cursive; font-size: 1.5em;">Bill Arkoosh</div>		Date: <div style="text-align: center;">2/2/16</div>						
		Name (type or print): Bill Arkoosh		Title: Manager						
Issued 02/02/2016 by online										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM