No. W 61867	Reinstatement Annual Report Form	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	ADMIN DISSOLVED 07/10/2013 1. Mailing Address: Correct in this box if needed. CHINDEN BLVD LLC JOHN WOOD 3390 FLINT DR EAGLE ID 83616	JOHN WOOD 3390 FLINT DR EAGLE ID 83616
REINSTATEMENT FEE DUE: \$30.00		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 Member Tohn word 3390 Flint Dr Earght 30 83616 Manager Member Manager Member Manager Manager Member Manager Member Manager		
5. Organized Under the Lav IDAHO W 61867	Name Gype or print):	Date: 21 Any 13 Title: Member
Issued 08/21/2013 by JL1		
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM		