


No. <b>W 93733</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/14/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854 USA																																			
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. CITYWORLD INVESTIGATIONS LLC BOB SAUNDERS 1011 N 11TH ST COEUR D ALENE ID 83814		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>Bob SAUNDERS</td> <td>1974 CACTUS CIRCLE</td> <td>ST. GEORGE</td> <td>UT</td> <td></td> <td>84790</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> <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"/>	Bob SAUNDERS	1974 CACTUS CIRCLE	ST. GEORGE	UT		84790	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 93733</b>		6. Signature:  Date: <b>5-1-18</b> Name (type or print): <b>BOB SAUNDERS</b> Title: <b>MANAGER</b>																																				

Issued 05/01/2018 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**