


No. W 137141	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) CIN PI 1066 YELLOWSTONE AVE APT 55 POCATELLO ID 83201																																			
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. ZO MUAL LLC 1066 YELLOWSTONE AVE APT 55 POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.																																						
<table border="0"> <tr> <td>Manager or Member</td> <td>Name</td> <td>Street or PO Address</td> <td>City</td> <td>State</td> <td>Country</td> <td>Postal Code</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>CIN PI</td> <td>1066 YELLOWSTONE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>CIN PI</td> <td>AVE, APT 55</td> <td>POCATELLO</td> <td>ID</td> <td></td> <td>83201</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> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CIN PI	1066 YELLOWSTONE					Manager <input type="checkbox"/> Member <input type="checkbox"/>	CIN PI	AVE, APT 55	POCATELLO	ID		83201	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"/>	CIN PI	1066 YELLOWSTONE																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>	CIN PI	AVE, APT 55	POCATELLO	ID		83201																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 137141	6. Signature:  Name (type or print): CIN PI		Date: 01/29/2018 Title: ZOMUAL LLC																																			
Issued 01/25/2018 by SAT																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM