

No. W 62666	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		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	1. Mailing Address: Correct in this box if needed. HEAD TO HEAD SPRINKLERS, LLC RYAN D RICHARDSON 1863 TAGHEE POCATELLO ID 83204 USA		RYAN RICHARDSON 1863 TAGHEE POCATELLO ID 83204							
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.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Manager or Member</td> <td style="width: 15%;">Name</td> <td style="width: 25%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 15%;">Postal Code</td> </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"/>	Ryan Richardson	1863 Taghee Lane	Pocatello ID	USA	83204					
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:		6.								
IDAHO W 62666		Signature: 	Date:							
		Name (type or print): Ryan Richardson	9/8/13							
		Ryan Richardson	Manager							
Issued 08/21/2013 by JL1										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM