

No. <b>W 80893</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/09/2012</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CONNIE L WESTON <del>5416 HOWARD LN</del> <b>5614 Howard Lane</b> NAMPA ID 83687																																			
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>	<b>1. Mailing Address: Correct in this box if needed.</b> WITT'S END, LLC CONNIE L WESTON <del>5416 HOWARD LN</del> <b>5614 Howard Lane</b> NAMPA ID 83687		<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Connie L. Weston</td> <td>5614 Howard Lane</td> <td>Nampa</td> <td>ID</td> <td>83687</td> <td>Canyon</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Richard E Weston</td> <td>5614 Howard Lane</td> <td>Nampa</td> <td>ID</td> <td>83687</td> <td>Canyon</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Connie L. Weston	5614 Howard Lane	Nampa	ID	83687	Canyon	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Richard E Weston	5614 Howard Lane	Nampa	ID	83687	Canyon	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 80893</b>		<b>6.</b> Signature: <u><i>Connie L. Weston</i></u> Date: <u>5-9-14</u> Name (type or print): <u>Connie L. Weston</u> Title: <u>Member</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**