


FILED

No. W 137454		Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		2. Registered Agent and Office (NOT A P.O. BOX) D GRANT ROY 4801 N PAPAGO PL BOISE ID 83713 504 N PHILLIPPI ST BOISE ID 83706	
REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. 504 N PHILLIPPI LLC D GRANT ROY 4801 N PAPAGO PL BOISE ID 83713 504 N PHILLIPPI ST BOISE, ID 83706	
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	D GRANT ROY	504 N PHILLIPPI ST	BOISE ID USA 83706
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:  IDAHO W 137454		6. Signature:  Name (type or print): D. GRANT ROY Date: 9/17/16 Title: PRESIDENT	
Issued 09/19/2016 by online			