

No. W 127278	Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015			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. EVENT SALES, LLC CORTNEY 333 VALLEY STREET 135 Eastland Dr. TWIN FALLS ID 83301			CORTNEY CAMPBELL 333 VALLEY STREET 135 Eastland Dr. TWIN FALLS ID 83301		
REINSTATEMENT FEE DUE: \$30.00				3. <u>New Registered Agent Signature.</u>		
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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Cortney Campbell/923 Sparks St N/ Twin Falls, ID 83301					
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 127278		Signature:  Name (type or print): <u>Cortney Campbell</u>				
		Date: <u>10/14/16</u> Title: <u>member</u>				