



No. W 26267	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2006		2. Registered Agent and Office (NOT A P.O. BOX) SECRETARY OF STATE PO BOX 83720 POCATELLO ID 83202 Keith Davies 15045 W. Lacey Rd Pocatello Id 83202																																			
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. D & D LODGE, LLC Keith Davies 15045 W. Lacey Rd POCATELLO ID 83202 POCATELLO ID 83202		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Keith Davies</td> <td>15045 W. Lacey Rd</td> <td>Pocatello Id</td> <td>USA</td> <td></td> <td>83202</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lana Davies</td> <td>15045 W. Lacey</td> <td>pocatello Id</td> <td>USA</td> <td></td> <td>83202</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"/>	Keith Davies	15045 W. Lacey Rd	Pocatello Id	USA		83202	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lana Davies	15045 W. Lacey	pocatello Id	USA		83202	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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Keith Davies	15045 W. Lacey Rd	Pocatello Id	USA		83202																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lana Davies	15045 W. Lacey	pocatello Id	USA		83202																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 26267</div>		6. Signature:  <hr/> Name (type or print): Keith Davies <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <div style="text-align: center; font-size: 1.2em;">6-23-14</div> </div> <div style="width: 35%;"> Title: <div style="text-align: center; font-size: 1.2em;">Manager.</div> </div> </div>																																				

Issued 06/23/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM