No. W 36790	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015	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.** ONE SHOTS LLC JAN M LITTLE PO BOX 209 HARRISON ID 83833	JAN MARIE LITTLE 200 S COEUR D'ALENE HARRISON ID 83833
REINSTATEMENT FEE **DUE:** $30.00		3. New 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 ☐ Member ☒	Jan M. Little	PO Box 209	Harrison	ID	USA	83833
Manager ☐ Member ☒	James A. Little	PO Box 209	Harrison	ID	USA	83833
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 36790	Signature: Jan M Little Date: 6-1-15 Name (type or print): Jan M. Little Title: Member

Issued 06/01/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM