


<b>No. W 156447</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> AMANDA JONES 1603 S MANITOU AVE BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ROAM OUTFITTERS LLC AMANDA JONES 1116 S VISTA AVE #165 BOISE ID 83705		<b>3. New Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Amanda Jones      1603 S Manitou Ave      Boise      ID      US      83704			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: large;">             IDAHO W 156447           </div>		<b>6.</b> Signature: <u></u> Name (type or print): <u>Amanda M Jones</u> Date: <u>1/1/2017</u> Title: <u>Founder</u>	
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