


No. W 114663	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN CHURCHMAN 159 W THORNBERRY COURT BOISE ID 83702																																			
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. MINDSET 60, LLC KEVIN CHURCHMAN 159 W THORNBERRY COURT BOISE ID 83702		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kevin Churchman</td> <td>159 Thornberry Ct.</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Stephanie Churchman</td> <td>159 Thornberry Ct</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83702</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"/>	Kevin Churchman	159 Thornberry Ct.	Boise	ID	Ada	83702	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Stephanie Churchman	159 Thornberry Ct	Boise	ID	Ada	83702	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 114663		6. Signature:  Name (type or print): <u>Kevin Churchman</u> Date: <u>11/14/16</u> Title: <u>member</u>																																				

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INSTRUCTIONS FOR THE REINSTATEMENT ANNUAL REPORT FORM