

No. W 34932	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) SUZETTE OLSEN 13352 W BLUEBONNET DR BOISE ID 83713-8371
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. SUMMERS ISLAND PARK PROPERTIES, LLC SUZETTE S. OLSEN 13352 W BLUEBONNET DR BOISE ID 83713		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Suzette Olsen 13352 W Bluebonnet Boise, ID 83713			
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Selestee Dayton 13019 W Elmspring Boise, ID 83713			
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Shalee Euston 154 McGregor Erie, CO 80516			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 34932 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <u>Suzette Olsen</u> Name (type or print): <u>Suzette Olsen</u> </div> <div style="width: 35%;"> Date: <u>4/25/17</u> Title: _____ </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM