

No. <b>W 83103</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/26/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> J CLIVE JORDAN 16110 BASIN WAY BOISE ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> CHARLIE ORSE LLC CATHY C JORDAN 16110 BASIN WAY BOISE ID 83714		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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 type="checkbox"/>	J Clive Jordan	16110 Basin Way	Boise	ID		83714
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cathy Jordan					
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;"> <b>IDAHO</b>  <b>W 83103</b> </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature:   <hr/>           Name (type or print): <u>J Clive Jordan</u> </div> <div>           Date: <u>8/8/2017</u>  <hr/>           Title: <u>Manager</u> </div> </div>
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Issued 08/08/2017 by JL1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM