


5/8/2015

W 57432

No. <b>W 57432</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/04/2010</b>		2. Registered Agent and Office (NOT A P.O. BOX) ADAM HEISLER 2133 DERRING BOISE ID 83709	
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. SSTB LLC PO BOX 9858 BOISE ID 83707		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 type="checkbox"/> Member <input checked="" type="checkbox"/>		Adam Heisler	967 E ParkCenter	Boise	ID 83706
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 57432		Signature: 		Date: <u>5-12-15</u>	
		Name (type or print): <u>Adam Heisler</u>		Title: <u>Member</u>	
Issued 05/08/2015 by online					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.