| No. W 113297 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013 2. Registered Agent and Office (NOT A P.O. BOX) |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. TREASURE VALLEY SPA COVERS LLC CORY SELLERS 1309 N PATRICIA LN BOISE ID 83704 144 1/2 N 13+h 1200 CORY SELLERS 1309 N PATRICIA LN BOISE ID 83704 144 1/2 N 13+h 1200 CORY SELLERS 1309 N PATRICIA LN BOISE ID 83704 144 1/2 N 13+h 1200 CORY SELLERS 1309 N PATRICIA LN BOISE ID 83704 144 1/2 N 13+h 1200 CORY SELLERS 1309 N PATRICIA LN BOISE ID 83704 144 1/2 N 13+h 1200 CORY SELLERS |
| REINSTATEMENT FEE DUE: \$30.00 | Civily 8# 202 = 37417 54 |
| | Granden City, Id. 83714 |
| 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 Member | Cong Sellers & Thelere Sellers |
| Manager Member 🗀 | a la some than to |
| Manager Member | unit & i 2016 37th street Garden City. II. 83714 |
| Manager Member | Carden City, Id. 85 119 |
| 5. Organized Under the La | |
| IDAHO | Signature 2 Date: 3-18-15 |
| | (613×) 111 Cos |
| W 113297 | Name (type or print): Title: |
| | COVA SCILERS MAGAGERS |
| Issued 03/18/2015 by CLH | |
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