

No. W 130860	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ARCHANGEL SPIRITS LLC MATTHEW M BRYANT <i>Michael E McBride</i> 4931 LEATHER WAY <i>1698 S Curtis Road</i> BOISE ID 83713 <i>Boise Id 83705</i>		NANCY R BRYANT 1915 N 11TH ST 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Michael E McBride</i></td> <td><i>1698 S Curtis RD</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83705</i></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Matthew M Bryant</i></td> <td><i>1915 Nth 11th</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83702</i></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 checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Michael E McBride</i>	<i>1698 S Curtis RD</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83705</i>	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Matthew M Bryant</i>	<i>1915 Nth 11th</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83702</i>	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 130860	6. Signature: <i>Matt Bryant</i> Name (type or print): <i>Matt Bryant</i> Date: <i>3/23/2015</i> Title: <i>Manager</i>																																					

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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