

No. W 148597		Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016			2. Registered Agent and Office (NOT A P.O. BOX) KLAY JOHNSON 5635 THUNDER DR AMMON ID 83406		
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. 10TH WEST LLC Klay Johnson 5635 Thunder Dr Ammon ID 83406					
REINSTATEMENT FEE DUE: \$30.00					3. New 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"/>		Klay Johnson 5936 Dry Ridge Ammon ID USA 83406					
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 148597		Signature: 					
		Name (type or print): <u>Klay Johnson</u>					
		Date: <u>3/9/17</u>					
		Title: <u>Member</u>					