

No. W 91727	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX) JAKE SHUMAN 1988 VAN CIRCLE <u>4900 Steele Ave</u> IDAHO FALLS ID 83404 <u>IDAHO, ID</u> <u>83427</u>																																				
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. TOBILLO ESTATES LLC 1988 VAN CIRCLE IDAHO FALLS ID 83404 <u>PO BOX 461</u> <u>IDAHO ID 83427</u>		3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Manager or Member</th> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(circle one)</td> <td colspan="6"></td> </tr> <tr> <td></td> <td colspan="6"> JAKE P SHUMAN - OWNER / MANAGER LISA D Shuman </td> </tr> <tr> <td></td> <td colspan="6" style="text-align: center;"> PO BOX 461 IDAHO ID 83427 </td> </tr> <tr> <td></td> <td colspan="6" style="text-align: right;"> 4900 STEELE AVE IDAHO ID 83427 </td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	(circle one)								JAKE P SHUMAN - OWNER / MANAGER LISA D Shuman							PO BOX 461 IDAHO ID 83427							4900 STEELE AVE IDAHO ID 83427					
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