

No. W 5352	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JEFFREY J CORNILLES 924 16TH AVE S NAMPA ID 83651	
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.  CORNILLES FINANCIAL SERVICES L.L.C. JEFFREY J CORNILLES 924 16TH AVE S NAMPA ID 83651			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeffrey J. Cornilles	924 16th Ave So	Nampa	ID USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Gerald Cornilles	924 16th Ave So	Nampa	ID USA
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 5352	 Signature: Name (type or print): Jeff Cornilles			
	Date: <u>5/2/16</u> Title: <u>Owner</u>			

Issued 05/02/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**