



No. W 40557	Reinstatement Annual Report Form ADMIN DISSOLVED 01/12/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOHN A SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402 William A. Parsons 137 W. 13th Street Burley, Id 83318
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. TWIN G HOLDINGS, LLC 6128 W 8170 S WEST JORDAN UT 84088 353 East 1060 South Ivins, Ut 84738		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 type="checkbox"/> melanie Slavens 353E.1060S. Ivins Ut USA 84738			
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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 40557 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): melanie Slavens </div> <div style="width: 35%;"> Date: 3-29-17 Title: manager </div> </div>	
Issued 03/22/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM