


No. W 31882	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) DON E MILLER 1912 N 17TH ST BOISE ID 83702
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. LAKE CASCADE AIRPARK, LLC 1912 N 17TH 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.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Don Miller</i>	<i>1912 N. 17th St</i>	<i>Boise</i>	<i>IDA</i>	<i>83702</i>	
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-size: 1.2em;"> IDAHO W 31882 </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): <i>Don Miller</i> </div> <div style="width: 35%;"> Date: <i>11/9/12</i> <hr/> Title: <i>MAA</i> </div> </div>
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Issued 11/09/2012 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM