


No. W 141395	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) KYLE MORRIS 6468 MORRIS HILL LANE MARSING ID 83639																																			
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. KYLE AND KATIE LLC KYLE MORRIS 6468 MORRIS HILL LANE MARSING ID 83639		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kyle Morris</td> <td>6468 Morris Hill Ln.</td> <td>Marsing</td> <td>ID</td> <td>USA</td> <td>83639</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Katie Morris</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kyle Morris	6468 Morris Hill Ln.	Marsing	ID	USA	83639	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Katie Morris	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>									
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 141395 </div>	6. Signature:  <hr/> Name (type or print): <div style="font-size: 1.2em; font-family: cursive;"> Kyle Morris </div>																																					
	Date: <div style="font-size: 1.2em; font-family: cursive;"> 12-28-16 </div>		Title: <div style="font-size: 1.2em; font-family: cursive;"> Manager </div>																																			
Issued 12/07/2016 by SAT																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM