

No. W 104245	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX)
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. COBI KAT ENTERPRISES, LLC FREDERICK B JACOBI 10804 W. FAIRVIEW AVE. #102 BOISE ID 83713		FREDERICK B JACOBI 12451 W BRADDOCK DR BOISE ID 83709
REINSTATEMENT FEE DUE: \$30.00			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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Frederick Jacobi	12451 W Braddock Dr.	Boise, ID AOA 83709
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kathleen Jacobi	12451 W. Braddock Dr.	Boise, ID AOA 83709
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 104245		Signature: <u>Frederick B. Jacobi</u>	Date: <u>10/3/14</u>
		Name (type or print): <u>Frederick B. Jacobi</u>	Title: <u>Owner</u>
Issued 10/03/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM