




No. W 99593	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) BEAU ANCIEN 3409 N WHISTLER LN APT 206 BOISE ID 83703																																			
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. ANCIEN ENTERPRISES LLC BEAU A ANCIEN 3409 N WHISTLER LN APT 206 BOISE ID 83703 <i>4498 S Dauridge Ave</i> <i>Boise ID 83716</i>		3. <u>New</u> Registered Agent Signature.																																			
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="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Beau Ancien</td> <td>4498 S Dauridge Ave</td> <td>Boise</td> <td>ID</td> <td></td> <td>83716</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> <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"/>	Beau Ancien	4498 S Dauridge Ave	Boise	ID		83716	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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-weight: bold;"> IDAHO W 99593 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signatures:  </td> <td style="width: 50%;"> Date: <i>2-15-2017</i> </td> </tr> <tr> <td> Name (type or print): <i>Beau Ancien</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>			Signatures: 	Date: <i>2-15-2017</i>	Name (type or print): <i>Beau Ancien</i>	Title: <i>Manager</i>																															
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