

No. <b>W 129136</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/16/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  TODD R BREWER 510-A N 4TH ST COEUR D ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CHEATING DEATH DISCOUNT VAPOR STORE LLC 510 N 4TH ST COEUR D ALENE ID 83814		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"/>	Todd Brewer	510 N. 4th	COA.	ID.	USA	83814
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;"> <b>IDAHO</b>  <b>W 129136</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date:            12/27/14         </td> </tr> <tr> <td>           Name (type or print):            Todd R. Brewer         </td> <td>           Title:            owner         </td> </tr> </table>	Signature: 	Date: 12/27/14	Name (type or print): Todd R. Brewer	Title: owner
Signature: 	Date: 12/27/14				
Name (type or print): Todd R. Brewer	Title: owner				

Issued 12/23/2014 by CLH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**