


No. W 121032	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA																																																	
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. RED ZONE SUPPLEMENTS LLC 6139 W CORPORAL LANE BOISE ID 83704		3. <u>New</u> Registered Agent Signature.																																																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">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: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Hunter White</td> <td>6139 W. Corporal Lane</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83704</td> </tr> <tr> <td>" <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Benton Eason</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert Farias</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>" <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>scotty mcKnight</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Norm Bligh</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dana gregory</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Hunter White	6139 W. Corporal Lane	Boise	ID	USA	83704	" <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Benton Eason	"	"	"	"	"	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert Farias	"	"	"	"	"	" <input type="checkbox"/> Member <input checked="" type="checkbox"/>	scotty mcKnight	"	"	"	"	"	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Norm Bligh	"	"	"	"	"	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dana gregory	"	"	"	"	"
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 121032 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): Robert Farias </div> <div> Date: 04/17/2014 Title: co-owner </div> </div>																																																		

Issued 04/17/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM