

No. W 56881	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOHN SUDIK 3332 N 3500 E KIMBERLY ID 83341
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. SUDIK PROPERTIES, LLC GINNY SUDIK 3332 N 3500 E KIMBERLY ID 83341		3. New 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"/>	John Sudik 3332 N 3500 E Kimberly Idaho 83341		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ginny Sudik 3332 N 3500 E Kimberly Idaho 83341		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Johnny Sudik 3332 N 3500 E Kimberly Idaho 83341		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeremy Sudik 3332 N 3500 E Kimberly Idaho 83341		
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 56881 </div>		6. Signature: <u><i>Ginny F. Sudik</i></u> Date: <u>3/10/14</u> <hr/> Name (type or print): <u>Ginny F. Sudik</u> <hr/> Title: <u>Secy/Treas</u>	
Issued 03/12/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM