


<b>No. W 122770</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/17/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> BRYCE H TAYLOR <del>405 E 14TH ST</del> <del>IDAHO FALLS ID 83404</del> 5421 Cottonwood Lane Ammon, ID 83406																																			
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>	<b>1. Mailing Address: Correct in this box if needed.</b> 3305 E. SANDY, LLC <del>405 E 14TH ST</del> <del>IDAHO FALLS ID 83404</del> PO Box 1353 Idaho Falls, ID 83403		<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">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>Bryce H. Taylor</td> <td>Po Box 1353</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83403</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Bryce H. Taylor	Po Box 1353	Idaho Falls	ID	USA	83403	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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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 122770</div>		<b>6.</b> Signature:  <hr/> Name (type or print): <u>Bryce H. Taylor</u> <div style="float: right; text-align: right;">           Date: <u>1-7-15</u>            Title: <u>Member</u> </div>																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM