| No. W 99559 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 04/15/2013 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)**<br>MARY ANN HINSHAW<br>202 E MAIN ST<br>STITES ID 83552 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. **Mailing Address: Correct in this box if needed.**<br>SOUTH FORK CAFE LLC<br>MARY ANN HINSHAW<br>PO BOX 299<br>STITES ID 83552 | 3. New Registered Agent Signature. |
| **REINSTATEMENT FEE DUE: $30.00** | | |

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 ☐ Member ☑ | Mary Ann Hinshaw | PO Box 299 | STITES | ID | IDAHO | 83552 |
| Manager ☐ Member ☑ | Hinshaw Family Partnership | PO Box 299 | STITES | ID | IDAHO | 83552 |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |

5. Organized Under the Laws of:

IDAHO
W 99559

6.
Signature: Mary Ann Hinshaw 4-25-13
Name (type or print): Mary Ann Hinshaw
Title: Member

Issued 04/17/2013 by KAH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM