

No. W 70385	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/09/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JASON TIMOTHY SQUIRE 22884 CHANNEL ROAD CALDWELL ID 83607
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> JT SPECIALTY LLC JASON TIMOTHY SQUIRE 22884 CHANNEL ROAD CALDWELL ID 83607 USA		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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"/>	Rachel Squire	22884 Channel	Caldwell	Id	Canyon	83607
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jason Squire	22884 Channel	Caldwell	Id	Canyon	83607
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 70385</b> </div>	6. Signature: <u><i>Rachel Squire</i></u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             Name (type or print):  <u>Rachel Squire</u> </div> <div>             Date: <u>6/11/12</u>              Title:  <u>owner</u> </div> </div>
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