


No. W 93733 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013 1. Mailing Address: Correct in this box if needed. CITYWORLD INVESTIGATIONS LLC BOB SAUNDERS IDAHO REGISTERED AGENT LLC 1011 N 11TH ST COEUR D ALENE ID 83814	2. Registered Agent and Office (NOT A P.O. BOX) ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814 USA 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">ROBERT SAUNDERS, P.O. BOX 81166, LAS VEGAS, NV 89180</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ROBERT SAUNDERS, P.O. BOX 81166, LAS VEGAS, NV 89180						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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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 93733</div>	6. Signature:  <hr/> Name (type or print): <u>ROBERT SAUNDERS</u> <hr/> <div style="float: right; text-align: right;"> Date: <u>5-8-14</u> <hr/> Title: <u>DIRECTOR</u> <hr/> </div>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM