No. W 113223	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Mailing Address: Correct in this box if needed. GRANITE TOPS LLC SAM CASPER 2125 SATTERFIELD DR	MONTY EDWARDS 2125 SATTERFIELD DR POCATELLO ID 83201
REINSTATEMENT FEE	POCATELLO ID 83201 U.S.A	3. New Registered Agent Signature.
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 Cit	-
Manager 🔯 Member 🔲	Sam Casper 343 East Mple	Potedello ID 13001 US.
Manager 🗆 Member 🗔	(co-owner)	
Manager Member		
Manager 🗌 Member 🗍		
5. Organized Under the La	1 11 4	
IDAHO	Signature: Viu Capp	Date: 1-24-14
W 113223	Name (type of print): Sum Casper	Title: Co Owner
Testled 07/24/2014 by online		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM