

No. W 86598	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) CAREY LYTLE 523 W EDWARDS AVE NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HARRY CAREY, LLC 523 W EDWARDS AVE NAMPA ID 83686		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Carey Lytle 523 West Edwards Ave Nampa ID. U.S. 83686		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-size: 1.2em;"> IDAHO W 86598 </div>		6. Signature: <u>Cary Lytle</u> Date: <u>1-29-18</u> Name (type or print): <u>Carey Lytle</u> Title: <u>member, manager</u>	
Issued 01/08/2018 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM