




No. W 88296	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN T SHERER 730 N MAIN ST MERIDIAN ID 83642																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CAPE BLANCO, LLC THOMAS WIVES 5556 N COLUMBINE PL BOISE ID 83713 2357 W Burns St. Eagle, ID. 83616		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Thomas W. Ives</td> <td>2357 W Burns St, Eagle, ID.</td> <td></td> <td></td> <td>U.S.A.</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Nola Sue Ives</td> <td>Same Address</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Joan B. Ives</td> <td>" "</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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"/>	Thomas W. Ives	2357 W Burns St, Eagle, ID.			U.S.A.	83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nola Sue Ives	Same Address					Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joan B. Ives	" "					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM