


No. W 46924 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 04/06/2010 1. Mailing Address: Correct in this box if needed. TOLMAN ENTERPRISES, LLC 9782 W LITTLEWOOD DR BOISE ID 83709	2. Registered Agent and Office (NOT A P.O. BOX) BENJAMIN TOLMAN 9649 W OVERLAND RD STE 222 BOISE ID 83705 9782 W LITTLEWOOD DR BOISE ID 83709 3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><u>Manager</u> <input checked="" type="radio"/> <u>Member</u> (circle one)</td> <td colspan="6"></td> </tr> <tr> <td></td> <td>BEN TOLMAN</td> <td>9782 W LITTLEWOOD DR.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>BOISE ID 83709</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	<u>Manager</u> <input checked="" type="radio"/> <u>Member</u> (circle one)								BEN TOLMAN	9782 W LITTLEWOOD DR.							BOISE ID 83709				
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5. Organized Under the Laws of: IDAHO W 46924	6. Signature:  Date: 12/15/11 Name (type or print): BEN TOLMAN Title: OWNER																													
Issued 12/14/2011 by JL1																														