	D. Julyanah Angari Dagah Carre	2. Registered Agent and Office	
No. W 143407	Reinstatement Annual Report Form	(NOT A P.O. BOX) LESLIE BRESKE	
Return to:	ADMIN DISSOLVED 01/25/2016		
450 N 4th STREET	1. Mailing Address: Correct in this box if needed. RIB CAGE LLC (THE) PO BOX 25 COUNCIL ID 83612	2648 HIGHWAY 95 COUNCIL ID 83612	
REINSTATEMENT FEE		3. <u>New</u> Registered Agent Signature.	
		<u></u>	
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 Member W Michael Breske 24-18 thryps Council 10 UST			
Manager or Member Name Street or PO Address City State Country Postal Code Manager Member Mi Chael Breske 248 Hwy15 Council 10 USA Manager Member W Leslie Breske 248 Hwy15 Council 10 83612			
Manager Member			
Manager Member			
5. Organized Under the Law	s of: 6.		
TOALLO	Signature:	Date:	
IDAHO	Seslu Arlon	0 3.17.16	
W 143407	Name (type or print):	Title:	
	Lesile breske	Uliner	
Issued 03/17/2016 by online			