

No. W 121969	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES KINGHORN 105 MEYER AVE NAMPA ID 83686																												
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. KING FOOD EQUIPMENT, LLC. CHARLES R KINGHORN 105 MEYER AVE NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																															
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"> Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> </td> <td style="width: 35%;">Charles R Kinghorn</td> <td style="width: 25%;">105 Meyer Ave</td> <td style="width: 10%;">Nampa</td> <td style="width: 5%;">ID</td> <td style="width: 10%;">USA</td> <td style="width: 10%;">83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </table>				Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Charles R Kinghorn	105 Meyer Ave	Nampa	ID	USA	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"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 121969</div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Signature: <u>Charles R Kinghorn</u> Name (type or print): <u>Charles R Kinghorn</u> </td> <td style="width: 40%;"> Date: <u>7-7-2015</u> Title: <u>owner</u> </td> </tr> </table>		Signature: <u>Charles R Kinghorn</u> Name (type or print): <u>Charles R Kinghorn</u>	Date: <u>7-7-2015</u> Title: <u>owner</u>																										
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Issued 06/12/2015 by TLB																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM