

No. W 135998	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A.F.O. BOX) SHEILA RAU 7388 BRIDGEPORT DR NAMPA ID 83687							
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. SHEWIL LLC SHEILA RAU 7388 BRIDGEPORT DR NAMPA ID 83687		3. New Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width:100%"> <tr> <td style="width:15%">Manager or Member</td> <td style="width:25%">Name</td> <td style="width:30%">Street or PO Address</td> <td style="width:10%">City</td> <td style="width:10%">State</td> <td style="width:10%">Country</td> <td style="width:10%">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> SHEILA RAU 7388 BRIDGEPORT DR NAMPA, Id 83687										
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> William Sartorius 7388 Bridgeport Dr Nampa Id 83687										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: IDAHO W 135998		6. Signature: <u><i>Sheila Rau</i></u> Name (type or print): <u>SHEILA RAU</u> Date: <u>5/21/2018</u> Title: <u>OWNER</u>								
Issued 05/22/2018 by online										