

3/14/2017

W 113239

No. W 113239	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT E DICKSON 11457 W MONTANA ST BOISE ID 83713																																			
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. RED CONCEPTS LLC ROBERT E DICKSON 11457 W MONTANA ST BOISE ID 83713 USA																																		
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>Manager ☐ Member ☒</td> <td>Robert E. Dickson</td> <td>11457 W Montana St.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Robert E. Dickson	11457 W Montana St.	Boise	ID	USA	83713	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 113239	6. Signature:  Name (type or print): Robert E. Dickson Date: 3/14/17 Title: Owner																																					

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