

No. W 28408		Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PETER D CHRISTOFFERSON ESQ 1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83402		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JAMES MADISON TAYLOR BUILDING, LLC PRESTON R WALKER 1070 RIVERWALK DRIVE SUITE 200 IDAHO FALLS ID 83402			3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00							
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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	LORIN WALKER	1070 RIVERWALK DR. STE 200					
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Idaho Falls ID 83402					
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:				6.			
IDAHO W 28408				Signature:  Name (type or print): <u>LORIN WALKER</u>			
				Date: <u>10/17/16</u> Title: <u>MANAGER</u>			