No. W 66940	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** ARROW POINT ASSISTED LIVING LLC SHANE B DOSS ~~[redacted]~~ 1487 Parkway Drive ~~[redacted]~~ Blackfoot ID 83221	SHANE DOSS 110 E RICH LANE BLACKFOOT ID 83221
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

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 ☒	SHANE DOSS	755 LOMAX	IDAHO FALLS	ID	USA	83401
Manager ☐ Member ☒	TAMMY CRYSTAL DOSS	755 LOMAX	IDAHO FALLS	ID	USA	83401
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 66940	Signature: [signature] Date: 9-6-12 Name (type or print): Shane Doss Title: Member

Issued 08/31/2012 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM