




No. W 141601	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) DEREK DAME 1910 MADISON AVE NAMPA ID 83687
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. VAPE STORM LABS LLC DEREK DAME 1910 MADISON AVE NAMPA ID 83687 <div style="margin-left: 100px;"> <i>Derek Dame</i> <i>5118 N Sawyer Ave</i> <i>Boise ID 83714</i> </div>		3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Derek Dame	3457 wlesing st meridian				10 83646
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 141601 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Derek Dame </td> <td style="width: 40%;"> Date: 11-14-16 Title: owner </td> </tr> </table>	Signature:  Name (type or print): Derek Dame	Date: 11-14-16 Title: owner
Signature:  Name (type or print): Derek Dame	Date: 11-14-16 Title: owner		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the