


No. W 57316	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) STEVE STEPHENS 4490 PASS CREEK RD MOORE ID 83255 USA																																			
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. PASS CREEK RANCH, LLC 4040 BROADWAY STE 501 SAN ANTONIO TX 78209 325 W. Lynwood San Antonio, TX 78212		3. <u>New</u> Registered Agent Signature.																																			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Richard Negley</td> <td>325 W. Lynwood</td> <td>San Antonio</td> <td>TX</td> <td></td> <td>78212</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Leith Negley</td> <td>325 W. Lynwood</td> <td>San Antonio</td> <td>TX</td> <td></td> <td>78212</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Richard Negley	325 W. Lynwood	San Antonio	TX		78212	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Leith Negley	325 W. Lynwood	San Antonio	TX		78212	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 57316		6. Signature:  Date: 5/11/2017 Name (type or print): Richard B. Negley Title: Manager																																				

Issued 05/11/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM