

No. W 148618	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		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. STOR 4 U, LLC PO BOX 334 WENDELL ID 83355		LINK W NELSON 2141 E 2950 S WENDELL ID 83355			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Link Nelson	PO Box 334	Wendell ID	USA		83355
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Taren Nelson	PO Box 334	Wendell ID	USA		83355
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:	6.					
IDAHO W 148618	Signature:		Date:	7/6/17		
	Name (type or print):	Taren Nelson	Title:	Member		
Issued 07/05/2017 by online						