


No. W 141373	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) BRYUN LEMON 111 K ST REXBURG ID 83440
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. CHAPTER 3 LLC 111 K ST REXBURG ID 83440 343 E 4th North ste. 124 Rexburg ID 83440		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"/>	Bryun Lemon	80 N 5th W	Rexburg ID 83440
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lucinda Lemon	80 N 5th W	Rexburg ID 83440
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; font-size: 1.2em;"> IDAHO W 141373 </div>		6. Signature:  <hr/> Name (type or print): <u>Bryun Lemon</u> <div style="float: right; text-align: right;"> Date: <u>Nov 30, 2016</u> Title: <u>Owner</u> </div>	
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