

FILED EFFECTIVE

No. W 163643	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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CYCLO VIETNAMESE CUISINE LLC 2994 S 25TH E IDAHO FALLS ID 83406		CODY DO 3260 N LAKE GROVE #101 BOISE ID 83713 2785 N Eagle DR. Apt E.308 Ammon ID 83406 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cody DO</td> <td>2785 N Eagle DR</td> <td>APT</td> <td>HE</td> <td>308</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Ammon</td> <td>ID</td> <td>83406</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Km Hany Tran</td> <td>2785 N Eagle DR</td> <td>APT</td> <td>E</td> <td>308</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Ammon</td> <td>ID</td> <td>83406</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Cody DO	2785 N Eagle DR	APT	HE	308		Manager <input type="checkbox"/> Member <input type="checkbox"/>	Ammon	ID	83406				Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Km Hany Tran	2785 N Eagle DR	APT	E	308		Manager <input type="checkbox"/> Member <input type="checkbox"/>	Ammon	ID	83406			
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cody DO	2785 N Eagle DR	APT	HE	308																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Ammon	ID	83406																																			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Km Hany Tran	2785 N Eagle DR	APT	E	308																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Ammon	ID	83406																																			
5. Organized Under the Laws of: IDAHO W 163643	6. Signature: <u>Cody DO</u> Date: <u>8/24/2017</u> Name (type or print): <u>Cody DO</u> Title: <u>owner</u>																																					

Issued 08/21/2017 by online