

No. W 152298	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017					2. Registered Agent and Office (NOT A P.O. BOX) BRANDY MCELROY 414 MAIN ST COTTONWOOD ID 83522		
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. TRIANGLE TAVERN LLC C/O FORSMANN ACCOUNTING SERVICE PO BOX 37 COTTONWOOD ID 83522					3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.								
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Gail L Fogelman 116 East Southern Brangerville ID 83530							
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. Signature:						Date:
IDAHO W 152298								12/17/17
		Name (type or print): Gail L Fogelman						Title: manager

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