

No. W 23373	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) WADE REANEY 387 N HIGHWAY 24 RUPERT ID 83350
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. WADE REANEY TRAINING STABLES, LLC WADE REANEY 387 N HIGHWAY 24 RUPERT ID 83350 USA		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 checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Waide Reaney</i> <i>387 N Hwy 24</i> <i>Rupert Id</i> <i>US</i> <i>83350</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Dinah Reaney</i> <i>387 N Hwy 24</i> <i>Rupert Id</i> <i>US</i> <i>83350</i>			
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-weight: bold; font-size: large;"> IDAHO W 23373 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature: <i>[Signature]</i> <hr/> Name (type or print): <div style="font-family: cursive; font-size: 1.2em;">WADE REANEY</div> </div> <div style="width: 35%; text-align: right;"> Date: <div style="font-size: 1.5em;">7/15/14</div> <hr/> Title: <div style="font-size: 1.5em;">7/15/14</div> </div> </div>	
Issued 06/30/2014 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM