

No. W 54376	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CAMERON SMITH 1292 MEADOWVIEW AVE REXBURG ID 83440
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. PREMIER INNOVATIONS, LLC CAMERON SMITH 1292 MEADOWVIEW AVE REXBURG ID 83440 USA	3. New Registered Agent Signature.	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			
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"/>	CAMERON SMITH 1292 MEADOWVIEW AVE REXBURG, ID USA 83440		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TARA SMITH 1292 MEADOWVIEW AVE REXBURG, ID USA 83440		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  IDAHO W 54376	6. Signature:  Name (type or print): <u>Cameron Smith</u>		
	Date: <u>2/1/16</u> Title: <u>OWNER</u>		
Issued 12/30/2013 by SLD			

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM