




No. W 137276	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) CODY CUCCIA 634 W TWO RIVERS DR EAGLE ID 83616
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. SAVAGE DESIGNS LLC 634 W TWO RIVERS DR EAGLE ID 83616 <i>138 E Havasu Falls CT</i> <i>Meridian, ID 83646</i>		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>Cody Cuccia</i>	<i>138 E Havasu Falls CT</i>			<i>Ada</i>	<i>83646</i>
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: <div style="text-align: center;"> IDAHO W 137276 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <i>05/31/16</i> </td> </tr> <tr> <td> Name (type or print): <i>Cody Cuccia</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>	Signature: 	Date: <i>05/31/16</i>	Name (type or print): <i>Cody Cuccia</i>	Title: <i>Manager</i>
Signature: 	Date: <i>05/31/16</i>				
Name (type or print): <i>Cody Cuccia</i>	Title: <i>Manager</i>				

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