

No. <b>W 146534</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JASON SAPPENFIELD <del>600 N 1ST AVE</del> 510 S HOHMANE <sup>DR</sup> HAILEY ID 83333
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		1. <b>Mailing Address: Correct in this box if needed.</b> SAP-SIGNS APPLIED PROFESSIONALLY LLC JASON SAPPENFIELD PO BOX 3935 KETCHUM ID 83340

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"/>	JASON SAPPENFIELD	PO BOX 3935	KETCHUM	ID	USA	83340
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:  <b>IDAHO</b> <b>W 146534</b>	6. Signature:  <hr/> Name (type or print): <b>JASON SAPPENFIELD</b>	Date: <b>8/3/17</b> <hr/> Title: <b>Owner Reg.</b>
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Issued 08/03/2017 by JL1

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**