
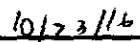


No. W 66648	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SNOOKNHOSS LLC SNOOKNHOSS LLC BUSINESS FILINGS INCORPOR 1111 WEST JEFFERSON STE 530 BOISE ID 83702 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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Michele R. Pierre	1016 Hampshire Lane	Windsor CA USA 95492
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jason Franci	1016 Hampshire Lane	Windsor CA USA 95492
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-size: 1.2em;"> IDAHO W 66648 </div>		6. Signature: _____ <div style="text-align: center; margin-top: -10px;">  </div> Date: _____ <div style="text-align: center; margin-top: -10px;">  </div> Name (type or print): _____ Michele R. Pierre Title: _____ Member	

Issued 10/17/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM