


No. W 135711 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015 1. Mailing Address: Correct in this box if needed. AMERICAN TRADITIONS L.L.C. PO BOX 44 UCON ID 83454	2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN H PEERY PO BOX 44 UCON ID 83454 3546 E. 112N. IDAHO FALLS ID 83401 3. <u>New</u> Registered Agent Signature.
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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"/>	Stephen H. Peery	PO Box 44	Ucon,	ID		83454
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 135711</div>	6. Signature:  Date: <u>7-8-15</u> Name (type or print): <u>STEPHEN H. PEERY</u> Title: <u>OWNER</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

FILED EFFECTIVE