

No. W 110123	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	ADMIN DISSOLVED 04/14/2014 1. Mailing Address: Correct in this box if needed. ELITE LACROSSE, LLC JON MUNDY 48 E INDIAN CREEK RD BOISE ID 83716		MICHAEL E BAND 199 N CAPITOL BLVD STE 600 BOISE ID 83702 <i>DeAnna Mundy</i> 48 E. Indian Creek Rd. BOISE, ID 83716																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature. <i>DeAnna Mundy</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DeAnna Mundy</td> <td>48 E. Indian Creek Rd.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jon Mundy</td> <td>48 E. Indian Creek Rd.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DeAnna Mundy	48 E. Indian Creek Rd.	Boise	ID		83716	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jon Mundy	48 E. Indian Creek Rd.	Boise	ID		83716	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 110123	6. Signature: <i>[Signature]</i> Name (type or print): <u>Jon Mundy</u> Date: <u>1.10.18</u> Title: <u>MEMBER</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM