

No. W 106757	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) FRANK WALKER 200 N 4TH ST SUITE 302 BOISE ID 83702 <i>230 S 5th St. Ste 850</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FPW, LLC. FRANK WALKER 230 S 5TH ST STE 850 <i>250</i> BOISE ID 83702	3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <i>Frank Walker</i>	Street or PO Address <i>230 S. 5th St. Ste 850</i>	City <i>Boise</i> State <i>ID</i> Country <i>USA</i> Postal Code <i>83702</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: IDAHO W 106757		6. Signature: <i>Frank Walker</i> Name (type or print): <i>Frank Walker</i> Date: <i>12/11/15</i> Title: <i>Manager</i>	
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