



No. W 55313	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) BRENT WATSON 6202 W GOWEN RD BOISE ID 83709 Amanda K. Schaus, 3330 E. Louisa Drive, Ste. Meridian, ID 83642 500																																								
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. BOISE LIFT, LLC BRENT WATSON 3330 E. Louisa Drive, 6202 W GOWEN RD Suite 300 BOISE ID 83709 USA Meridian, ID 83642		3. New Registered Agent Signature. 																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																											
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input checked="" type="checkbox"/></td> <td>N i T Holdings, LLC</td> <td>3330 E. Louisa Drive, Suite 300</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input checked="" type="checkbox"/></td> <td>Brent Watson</td> <td>1064 Cabarton Road</td> <td>Cascade</td> <td>ID</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>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"/>	N i T Holdings, LLC	3330 E. Louisa Drive, Suite 300	Meridian	ID		83642	Manager <input type="checkbox"/>	Member <input type="checkbox"/>							Manager <input type="checkbox"/>	Member <input checked="" type="checkbox"/>	Brent Watson	1064 Cabarton Road	Cascade	ID			Manager <input type="checkbox"/>	Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 55313	6. <u>N i T Holdings, LLC</u> Signature:  Name (type or print): <u>Thomas D. Hill, Member</u>			Date: <u>4/7/16</u> Title: _____																																							
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM