




No. W 20306	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) A LEON BLASER 3350 AMERICANA TERRACE STE 200 BOISE ID 83702
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. AMERICANA TERRACE, LLC LEON BLASER 3350 AMERICANA TERRACE STE 200 BOISE ID 83702		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"/>	A Leon Blaser	378 Starlight Dr	Bois	Id	USA	83703
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 20306 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u></u> </td> <td style="width: 40%;"> Date: <u>6 May 16</u> </td> </tr> <tr> <td> Name (type or print): <u>A. LEON BLASER</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: <u></u>	Date: <u>6 May 16</u>	Name (type or print): <u>A. LEON BLASER</u>	Title: <u>Member</u>
Signature: <u></u>	Date: <u>6 May 16</u>				
Name (type or print): <u>A. LEON BLASER</u>	Title: <u>Member</u>				

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