


No. <b>W 11050</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/14/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PETER LEWIS 600 N MAIN KETCHUM ID 83340
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RESORTS WEST, LLC PETER D LEWIS PO BOX 548 KETCHUM ID 83340 USA		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"/>	<b>PETER LEWIS ENTERPRISES, INC. P.O. BOX 548 KETCHUM ID USA</b>					
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;"> <b>IDAHO</b>  <b>W 11050</b> </div>	6.  Signature  Name (type or print): <b>PETER D. LEWIS</b>	Date: <b>4/2/2015</b>  Title: <b>PRESIDENT</b> <b>OF MEMBER</b>
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