

No. W 150938	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		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	1. Mailing Address: Correct in this box if needed. ABE ENTERPRISES OF IDAHO LLC 896 W 100 S PAUL ID 83347		EMMA JEAN HANSEN 896 W 100 S PAUL ID 83347																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Emma Jean Hansen</td> <td>896 W 100 S</td> <td>Paul</td> <td>ID</td> <td>USA</td> <td>83347</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Emma Jean Hansen	896 W 100 S	Paul	ID	USA	83347	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 150938		6. Signature: <u>Emma Jean Hansen</u> Date: <u>5/26/17</u> Name (type or print): <u>Emma Jean Hansen</u> Title: <u>Manager</u>																																				
Issued 03/15/2017 by SAT																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the