


<b>No. W 118455</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> JUMBO'S CAFE L.L.C. LISA NORTON 3122 POLELINE POCATELLO ID 83201 USA	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> LISA NORTON 3122 POLELINE POCATELLO ID 83201  <b>3. <u>New</u> Registered Agent Signature.</b>																																							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">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: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LISA NORTON</td> <td>2064 MONTE VISTA DR.</td> <td>POCATELLO, ID</td> <td></td> <td></td> <td>83201</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>WILLIS NORTON</td> <td>2064 MONTE VISTA DR.</td> <td>POCATELLO, ID</td> <td></td> <td></td> <td>83201</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	LISA NORTON	2064 MONTE VISTA DR.	POCATELLO, ID			83201	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	WILLIS NORTON	2064 MONTE VISTA DR.	POCATELLO, ID			83201	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>												
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO W 118455</b> </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature:             Name (type or print): <u>LISA NORTON</u> </div> <div style="width: 35%;">           Date: <u>6-4-15</u>            Title: <u>Owner</u> </div> </div>																																								
Issued 02/10/2015 by online																																									

### 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