


W 128322

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No. W 128322	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) MIKE PENA 2659 W PRIMELAND DR MERIDIAN ID 83646																																			
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. J. W. ENTERPRISES IDAHO LLC PO BOX 1314 BONSALL CA 92003 2659 PRIMELAND DR MERIDIAN, ID 83646-8377		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>JEFF WALKER</td> <td>P.O. BOX 1314,</td> <td>BONSALL</td> <td>CA</td> <td>USA</td> <td>92003</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BRIAN LUKACZ</td> <td>3631 MANCHESTER AVE,</td> <td>ENCINITAS</td> <td>CA</td> <td>USA</td> <td>92024</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"/>	JEFF WALKER	P.O. BOX 1314,	BONSALL	CA	USA	92003	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRIAN LUKACZ	3631 MANCHESTER AVE,	ENCINITAS	CA	USA	92024	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 128322		6. Signature:  Name (type or print): JEFFERY M. WALKER Date: 12/15/14 Title: MANAGER																																				
Issued 12/14/2014 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM