

No. W 133876		Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GABRIEL T YEAMANS 3437 W TAFT ST BOISE ID 83703-8370	
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. BOISE KOMBUCHA LLC GABRIEL T Yeamans 3437 W TAFT ST BOISE ID 83703		3. <u>New</u> Registered Agent Signature.	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					
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 checked="" type="checkbox"/> Member <input type="checkbox"/>		Gabriel Yeamans 3437 w Taft st. Boise ID, 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:		6.			
IDAHO W 133876		Signature: <u>Gabriel Yeamans</u> Date: <u>5/9/16</u> Name (type or print): <u>Gabriel Yeamans</u> Title: <u>owner</u>			