

1/8/2018

W 170741

No. W 170741	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH WILKINS 536 SUNFLOWER RD REXBURG ID 83440																																			
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. BOUNDLESS VENTURES LLC JOSEPH WILKINS 536 SUNFLOWER RD REXBURG ID 83440																																					
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 checked="" type="checkbox"/></td> <td>Joseph Wilkins</td> <td>300 N and W #2-104</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Emily Wilkins</td> <td>300 N and W #2-104</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Barbara Morgan</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 checked="" type="checkbox"/>	Joseph Wilkins	300 N and W #2-104	Rexburg	ID	USA	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Emily Wilkins	300 N and W #2-104	Rexburg	ID	USA	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Barbara Morgan						Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 170741		6. Signature: <u><i>Joseph Wilkins</i></u> Name (type or print): <u>Joseph "Partner" Wilkins</u> Date: <u>1/8/2018</u> Title: _____																																				

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