

No. W 41497		Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) AVTAR JASSAL 2660 AIRPORT WAY BOISE ID 83705																																																			
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. SIDHU AND JASSAL L.L.C. AVTAR JASSAL 1506 SACRAMENTO AVE Po Box 373 W SACRAMENTO CA 95805 NAPA, ID 83653																																																					
REINSTATEMENT FEE DUE: \$30.00				3. New 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>AVTAR JASSAL</td> <td>6537 S. MISTYGLEN AVE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>BOISE, ID</td> <td>83709</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>AVTAR SIDHU</td> <td>51 COGNAC DR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>SACRAMENTO, CA</td> <td>95835</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Harbhans Singh</td> <td>75 COOMBS ST</td> <td>NAPA, CA</td> <td>94559</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"/>	AVTAR JASSAL	6537 S. MISTYGLEN AVE								BOISE, ID	83709			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	AVTAR SIDHU	51 COGNAC DR								SACRAMENTO, CA	95835			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Harbhans Singh	75 COOMBS ST	NAPA, CA	94559			Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 41497		6. Signature: <u>Avtar</u> Name (type or print): <u>AVTAR JASSAL</u> Date: <u>3/20/18</u> Title: <u>Manager</u>																																																					
Issued 03/21/2018 by online																																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM