


No. W 125130	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/25/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SCOT M LUDWIG <del>209 W MAIN ST</del> <b>401 W. Front Street, Suite 401</b> BOISE ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SBR, LLC <del>209 W MAIN ST</del> <b>401 West Front Street, Suite 401</b> BOISE ID 83702																																					
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>Shawna Rundback</td> <td>1812 E. Adelaide Dr.</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83642</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> <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"/>	Shawna Rundback	1812 E. Adelaide Dr.	Meridian	ID		83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 125130	6. Signature:  Name (type or print): Shawna Rundback			Date: 8/22/16 Title: Manager																																		

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**