




No. W 137963	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) WILL CHARLTON 12100 W PECONIC DR <i>4386 S. Cochrans Way</i> BOISE ID 83709
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. DIGESTER DOC LLC WILL CHARLTON 12100 W PECONIC DR <i>4386 S. Cochrans Way</i> BOISE ID 83709		3. <u>New</u> Registered Agent Signature.

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"/>	Will Charlton	<i>4386 S. Cochrans Way</i>	Boise, ID	USA		83709
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kurt Christensen	<i>4000 Elmore Rd</i>	Parmi	ID	USA	83660
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 137963 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  <hr/> Name (type or print): <i>Will Charlton</i> </td> <td style="width: 40%;"> Date: <i>July 14, 2016</i> <hr/> Title: <i>President</i> </td> </tr> </table>	Signature:  <hr/> Name (type or print): <i>Will Charlton</i>	Date: <i>July 14, 2016</i> <hr/> Title: <i>President</i>
Signature:  <hr/> Name (type or print): <i>Will Charlton</i>	Date: <i>July 14, 2016</i> <hr/> Title: <i>President</i>		

Issued 07/14/2016 by online