


No. W 11668	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)	
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.		STEPHEN SNEDDEN 113 G 2ND AVE SANDPOINT ID 83864	
	CH-140, LLC JOHN SNEDDEN 1702 INDUSTRIAL DR SANDPOINT ID 83864		708 Superior Street Boise, ID 83720 3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State
Country	Postal Code	Mgt. John Snedden, DDS 1702 Industrial Drive Sandpoint ID USA 83864		
5. Organized Under the Laws of:				
IDAHO W 11668		6.		
		Signature: 		Date: 7/30/10
		Name (type or print): Stephen Snedden		Title: Atty
Issued 07/30/2010 by DK1 power of Atty				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.