


No. W 51094	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2008		2. Registered Agent and Office (NOT A P.O. BOX) KERRY ANGELOS 1059 E IRON EAGLE DR STE 155 EAGLE ID 83616
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. L211-1 ID SHAUNESSY, LLC 1059 E IRON EAGLE DR STE B P.O. Box 2506 EAGLE ID 83616		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"/> Kerry Angelos P.O. Box 2506 Eagle, ID 83616 USA 83616			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-weight: bold; font-size: large;"> IDAHO W 51094 </div>		6. Signature:  <hr/> Name (type or print): Kerry Angelos <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 10-26-12 <hr/> Title: Manager <hr/> </div> </div>	
Issued 10/26/2012 by LJC			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM