


No. <b>W 92093</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/11/2012</b>		5103686157																																				
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. FUZZYS BAR & GRILL, LLC 115 MAIN ST DEARY ID 83823		2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA																																				
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Debrae Warner</td><td>115 Main St.</td><td>Deary</td><td>Id.</td><td>USA</td><td>83823</td></tr><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Greg Warner</td><td>115 Main St.</td><td>Deary</td><td>Id.</td><td>USA</td><td>83823</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Debrae Warner	115 Main St.	Deary	Id.	USA	83823	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Warner	115 Main St.	Deary	Id.	USA	83823	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:  <b>IDAHO</b> <b>W 92093</b>		6. Signature:  Date: <u>7.23.12</u> Name (type or print): <u>Debrae M. Warner</u> Title: <u>Member/Pres.</u>																																						

Issued 01/02/2013 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailing, the corrected address must be inside Block 1.