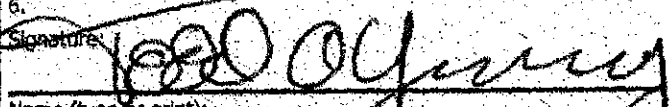


1/19/2018

W 99199

**FILED**

No. <b>W 99199</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016</b>		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	1. Mailing Address: Correct in this box if needed. SUN VALLEY PARTNERS, LLC PO BOX 5390 KETCHUM ID 83340		TODD YANCEY <del>380 YARROW LANE</del> 161 CANAS KETCHUM ID 83340																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>TODD YANCEY</td> <td>PO BOX 5390</td> <td>KETCHUM</td> <td>ID</td> <td></td> <td>83340</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"/>	TODD YANCEY	PO BOX 5390	KETCHUM	ID		83340	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:		6.																																				
IDAHO W 99199		Signature: 	Date: 1/11/2018																																			
		Name (type or print): TODD A. YANCEY	Title:																																			

Issued 01/19/2018 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**