No. W 157972 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017	2. Registered Agent and Office (NOT A P.O. BOX) SHAUN BEVERIDGE	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SHAUN ESTATES, LLC SHAUN BEVERIDGE 2685 N NUGGET LN POST FALLS ID 83854	2685 N NUGGET LN POST FALLS ID 83854	
reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Manager or Member	Companies: Enter Names and Addresses of Managers Name Street or PO Address City	1	
Manager Member 🗌	Shown Bevoide 2685 pm	ougget LN Post FAILS ID 83	}-\$-C
Manager Member 🗌	Shown Bevoidge 2685 pm Chaisea Bevoidge 5 2685 NNU		03
Manager Member	2685 NNU	igget LN Post FAlls ID \$38	15%
Manager Member			
5. Organized Under the La		Daha.	
IDAHO	Signature:	Date: 3/30/15	
W 157972	Name (type or print):	Title:	
** 13/3/2	Shaun Beveridge	manager	