


W 82531

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No. W 82531	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) BENNETT AKERS 3383 N FIVE MILE RD 185 BOISE ID 83713 3383																																			
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. BOISE WINDOW TINT, LLC BENNETT K AKERS 3383 N FIVE MILE RD #185 BOISE ID 83713 3383		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>Bennett Akers</td> <td>3383 N. Five mile Rd, #185</td> <td>Boise</td> <td>ID</td> <td></td> <td>83713</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>maria Akers</td> <td>3383 N. Five mile Rd, #185</td> <td>Boise</td> <td>ID</td> <td></td> <td>83713</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"/>	Bennett Akers	3383 N. Five mile Rd, #185	Boise	ID		83713	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	maria Akers	3383 N. Five mile Rd, #185	Boise	ID		83713	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: IDAHO W 82531	6. Signature:  Name (type or print): Bennett Akers		Date: 8/7/17 Title: member																																			
Issued 08/07/2017 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM