


9/19/2016

W 68748

No. W 68748	Reinstatement Annual Report Form ADMIN DISSOLVED 02/05/2009		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. SANDBORGIO'S LLC 618 STAR BLVD 8056 Sage Run Ln. MIDDLETON ID 83644		DEBORAH SANDBORGH 618 STAR BLVD 8056 Sage Run Ln. MIDDLETON ID 83644																																			
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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Deborah Sandborgh</td> <td>8056 Sage Run Lane</td> <td>Middleton</td> <td>ID</td> <td>USA</td> <td>83644</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>John Sandborgh</td> <td>8056 Sage Run Lane</td> <td>Middleton</td> <td>ID</td> <td>USA</td> <td>83644</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 checked="" type="checkbox"/>	Deborah Sandborgh	8056 Sage Run Lane	Middleton	ID	USA	83644	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John Sandborgh	8056 Sage Run Lane	Middleton	ID	USA	83644	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 68748	6. Signature:  Date: <u>9-19-16</u> Name (type or print): <u>Deb Sandborgh</u> Title: <u>Manager</u>																																					

Issued 09/19/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**FILED**