


No. W 93238	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN LYNNE WALKER 255 S CAPITOL BLVD 1606 BOISE ID 83702
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. NORTH END CAPITAL, LLC BRIAN L WALKER 255 SOUTH CAPITOL BLVD 1606 BOISE ID 83702		3. <u>New</u> Registered Agent Signature.

4 Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRIAN WALKER	255 SOUTH CAPITOL BLVD. 1606	BOISE	ID	USA	83702
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 93238 </div>	6. Signature:  <hr/> Name (type or print): <u>BRIAN WALKER</u>	Date: <u>8/30/17</u> <hr/> Title: <u>MEMBER</u>
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