

No. W 47292	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) WADE MASSEY 5110 N ABERDEEN MERIDIAN ID 83646
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. CAPITOL WEST APPRAISALS LLC WADE MASSEY 5110 N ABERDEEN MERIDIAN ID 83646		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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	AWADE MASSEY	5110 N. Aberdeen Pl	MERIDIAN	ID	USA	83646
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NIK. MASSEY	5110 N Aberdeen Pl.	MERIDIAN	ID	USA	83646
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;"> IDAHO W 47292 </div>	6. Signature: <u><i>WADE MASSEY</i></u> Date: <u>4-26-2016</u> Name (type or print): <u>WADE MASSEY</u> Title: <u>Manager/Member</u>
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Issued 04/26/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM