

No. W 118039		Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) YANCY CALDWELL 378 WARMSPRINGS RD KETCHUM ID 83340																																				
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. CALDWELLCOLLECTIONS LLC YANCY CALDWELL 378 WARMSPRINGS RD p.o. Box 1450 KETCHUM ID 83340 Sun Valley, ID 83353		3. <u>New</u> Registered Agent Signature. <i>Yancy Caldwell</i>																																				
REINSTATEMENT FEE DUE: \$30.00		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>Wyatt Caldwell</td> <td>p.o. Box 1450</td> <td>Sun Valley, ID</td> <td>U.S.A.</td> <td>83353</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Yancy Caldwell</td> <td>p.o. Box 1450</td> <td>Sun Valley, ID</td> <td>U.S.A.</td> <td>83353</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> <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"/>	Wyatt Caldwell	p.o. Box 1450	Sun Valley, ID	U.S.A.	83353		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Yancy Caldwell	p.o. Box 1450	Sun Valley, ID	U.S.A.	83353		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 118039		6. Signature: <i>Yancy Caldwell</i> Name (type or print): <u>Yancy Caldwell</u> Date: <u>10/28/14</u> Title: <u>Member</u>																																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM