




No. W 106941		Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) MICHELLE MADSON 15190 BUTTERCUP LANE JULIAETTA ID 83535																																				
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. MADDOG BBQ LLC 812 MAIN ST LEWISTON ID 83535		3. New Registered Agent Signature.																																				
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 type="checkbox"/></td><td>Michelle L madson</td><td>812 main</td><td>Lewiston</td><td>Id</td><td>USA</td><td>83535</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><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 type="checkbox"/>	Michelle L madson	812 main	Lewiston	Id	USA	83535	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michelle L madson	812 main	Lewiston	Id	USA	83535																																		
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: IDAHO W 106941		6. <table border="1"><tr><td>Signature: </td><td>Date: 1-10-13</td></tr><tr><td>Name (type or print): MICHELLE L MADSON</td><td>Title: Manager</td></tr></table>				Signature: 	Date: 1-10-13	Name (type or print): MICHELLE L MADSON	Title: Manager																															
Signature: 	Date: 1-10-13																																							
Name (type or print): MICHELLE L MADSON	Title: Manager																																							

Issued 01/10/2013 by KAH