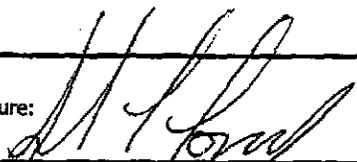


W 75319

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# FILED EFFECTIVE

No. <b>W 75319</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARGOT L RITZ <b>John Tormey</b>
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. <del>WEST EIGHTH STREET LLC</del> <del>JOHN A SEILLER</del> <del>PO BOX 6090</del> <del>KETCHUM ID 83340</del> <b>John Tormey</b> <b>Box 4810</b> <b>KETCHUM, ID 83340</b>		<del>120 YARROW LN 385 W Eighth St</del> <del>KETCHUM ID 83340</del> Ketchum ID <b>83340</b>
<b>REINSTATEMENT FEE DUE: \$30.00</b>			3. New 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 type="checkbox"/>	<b>John Tormey</b>	<b>Box 4810</b>	<b>KETCHUM, ID BOISE 83340</b>
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:  <b>IDAHO W 75319</b>	6. Signature:  Name (Type or print): <b>John C. Tormey</b>		Date: <b>4/10/14</b> Title: <b>MANAGER</b> <b>Agent</b>

Issued 04/10/2014 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM