

No. <b>W 144402</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> RONALD SDAO 4990 WILDRYE DR BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> ARGYLE PARTNERS, LLC 4990 WILDRYE DR BOISE ID 83703		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			
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"/> Ronald Sdao      4990 Wildrye Dr      Boise, ID      USA      83703			
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-weight: bold; font-size: 1.2em;">             IDAHO              W 144402           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature: <u>Ronald Sdao</u>            Name (type or print): <u>Ronald Sdao</u> </div> <div style="width: 35%;">           Date: <u>4-5-16</u>            Title: <u>owner</u> </div> </div>	
Issued 04/05/2016 by TLB			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the