




No. W 138484	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN MOSS 76 ELK HAVEN LANE MCCALL ID 83638
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. LIVING 4 M RANCH LLC PO BOX 434 MCCALL ID 83638		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Shawn Del Moss	PO Box 434	McCall	ID.	Valley	83638
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; padding: 10px;"> IDAHO W 138484 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 2/29/16 </td> </tr> <tr> <td> Name (type or print): Shawn Del Moss </td> <td> Title: Member </td> </tr> </table>	Signature: 	Date: 2/29/16	Name (type or print): Shawn Del Moss	Title: Member
Signature: 	Date: 2/29/16				
Name (type or print): Shawn Del Moss	Title: Member				

Issued 02/29/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM