

No. W 44694	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG D KUNZ 5661 S 4800 W VICTOR ID 83455
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KUNZ PROPERTY LLC CRAIG D KUNZ 5661 S 4800 W VICTOR ID 83455		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"/> <i>Craig D Kunz</i> <i>5661 S. 4800 W</i> <i>Victor</i> <i>ID</i> <i>USA</i> <i>83455</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Christine L. Kunz</i> " " " " "			
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 44694 </div>		6. Signature: <u><i>Christine L. Kunz</i></u> Date: <u><i>5/11/18</i></u> Name (type or print): <u><i>Christine L. Kunz</i></u> Title: <u><i>member</i></u>	
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