

No. W 141401		Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX)	
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. GRACE ELIZABETH INDEPENDENT LIVING, LLC CHARLENE HUMPHERYS 1200 E 6TH SOUTH MOUNTAIN HOME ID 83647		GREG NEWBERRY 10 N LIBERTY STE 150 BOISE ID 83704 <i>Charlene Humpherys</i> <i>1200 E 6th South</i> <i>Mountain Home, ID 83647</i>	
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature. <i>Charlene Humpherys</i>	
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"/>		CHARLENE HUMPHERYS	480 E 2nd N,	MOUNTAIN HOME,	ID 83647
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 141401		6.			
		Signature: <i>Charlene Humpherys</i>		Date: <i>Apr. 25, 2018</i>	
		Name (type or print): CHARLENE HUMPHERYS		Title: MANAGING MEMBER	