


No. <b>W 135401</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/28/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LAFONDA MERRICK 624 3RD ST S NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> INFLUENCE ALLURE, LLC SHANNON WICKENDEN 6755 SAGE CANYON WAY STAR ID 83669		3. <u>New</u> 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"/>	SHANNON WICKENDEN	6755 SAGE CANYON WAY	STAR ID	ID	US	83669
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JOE WICKENDEN	6755 SAGE CANYON WAY	STAR ID	ID	US	83669
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;">             IDAHO              W 135401           </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:              Name (type or print):         </div> <div style="width: 35%;">           Date:  <div style="border-bottom: 1px solid black; text-align: center;">7/17/2017</div>           Title:  <div style="border-bottom: 1px solid black; text-align: center;">Manager</div> </div> </div>
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