

No. <b>W 61015</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> HARTY SCHMAEHL 3250 HIWAY 12 MP 64 KAMIAH ID 83536																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HEARTHSTONE RESTAURANT BAKERY, L.L.C. HARTY SCHMAEHL PO BOX 1492 KAMIAH ID 83536-1492		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>HARTY SCHMAEHL</td> <td>PO BOX 1492, KAMIAH, ID</td> <td>LEWIS</td> <td></td> <td></td> <td>83536</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARJORIE F. SCHMAEHL</td> <td>PO BOX 1492, KAMIAH, ID</td> <td>LEWIS</td> <td></td> <td></td> <td>83536</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	HARTY SCHMAEHL	PO BOX 1492, KAMIAH, ID	LEWIS			83536	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MARJORIE F. SCHMAEHL	PO BOX 1492, KAMIAH, ID	LEWIS			83536	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 61015</b>	6. Signature:  <hr/> Name (type or print): <b>HARTY SCHMAEHL</b>		Date: <b>7/31/17</b> <hr/> Title: <b>MANAGER Member</b>																																			
Issued 07/06/2017 by SAT																																						