

No. <b>W 88589</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/11/2013</b>	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> NICOLE BRITTINGHAM 4250 FOX CREEK VILLAGE DR VICTOR ID 83455
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SPOONS BISTRO LLC 4250 FOX CREEK VILLAGE DR VICTOR ID 83455	<b>3. <u>New</u> Registered Agent Signature.</b>

**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"/>	TRAVIS Brittingham	4520 FoxCreek Village Drive	Victor	ID	USA	83455
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nicole Brittingham	4520 FoxCreek Village Drive	Victor	ID	83455	55
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  IDAHO W 88589	<b>6.</b> Signature: <u>Nicole Brittingham</u> Name (type or print): <u>Nicole Brittingham</u>	Date: <u>April 25 2013</u> Title: <u>Owner</u>
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