

No. W 128999	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) TAWNYA PALMER 1751 WHIFF DR EAGLE ID 83616 <div style="text-align: center; font-size: 1.2em;">261 HOBBS PL</div>
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. THOMASINA DESIGN LLC 1751 WHIFF DR EAGLE ID 83616 <div style="text-align: center; font-size: 1.2em;">261 HOBBS PL</div> <div style="text-align: center; font-size: 1.2em;">EAGLE ID</div> <div style="text-align: center; font-size: 1.2em;">83616</div>		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"/>	Tawnya Palmer	261 Hobbs PL	Eagle Id			83616
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: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 128999</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>T. Palmer</u> </td> <td style="width: 40%;"> Date: <u>1-28-14</u> </td> </tr> <tr> <td> Name (type or print): <u>Tawnya Palmer</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: <u>T. Palmer</u>	Date: <u>1-28-14</u>	Name (type or print): <u>Tawnya Palmer</u>	Title: <u>Owner</u>
Signature: <u>T. Palmer</u>	Date: <u>1-28-14</u>				
Name (type or print): <u>Tawnya Palmer</u>	Title: <u>Owner</u>				