

No. W 81380 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013	2. Registered Agent and Office (NOT A P.O. BOX) CYNDIE S CHRISTENSEN 4415 N PINE FEATHERVILLE ID 83647 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☒</td> <td>Cyndie S Christensen</td> <td>Featherville ID</td> <td>USA</td> <td>83647</td> <td></td> <td></td> </tr> <tr> <td>Manager ☒ Member ☒</td> <td>Patrick T. Christensen</td> <td>Featherville ID</td> <td>USA</td> <td>83647</td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☒	Cyndie S Christensen	Featherville ID	USA	83647			Manager ☒ Member ☒	Patrick T. Christensen	Featherville ID	USA	83647			Manager ☐ Member ☐							Manager ☐ Member ☐						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM