No. W 71977	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017	2. Registered Agent and Office **(NOT A P.O. BOX)** DAN TADLOCK 216 NIGHTHAWK RD BONNERS FERRY ID 83805
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.** SCHROM THERAPEUTIC HOME CARE FOR BOYS, LLC 222 NIGHTHAWK RD BONNERS FERRY ID 83805	3. New 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 ☒ Member ☒	Julia L. Schrom	165 Quail Dr	Bonners Ferry	ID		83805
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 71977	Signature: Julia L. Schrom — Date: 7-5-17 Name (type or print): Julia L. Schrom — Title: member

Issued 07/05/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM