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| No. W 144715 | Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016 | | | 2. Registered Agent and Office (NOT A P.O. BOX) | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. BRIGHT FUTURES, LLC 516 E ROCKINGHAM DR EAGLE ID 83616 | | | SHYANN NICOLE BERRY 516 E ROCKINGHAM DR EAGLE ID 83616 2305 Lower Bluff Rd Emmett, ID 83617 | | |
| REINSTATEMENT FEE DUE: \$30.00 | PO Box 31 Emmett, ID 83617 | | | 3. New Registered Agent Signature. | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Name | Street or PO Address | City | State | Country | Postal Code |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | Shyann Berry | 2305 Lower Bluff Rd | Emmett, ID | USA | | 83617 |
| 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: IDAHO W 144715 | | 6. Signature: <u>Shyann Berry</u> Name (type or print): <u>Shyann Berry</u> | | | | |
| | | Date: <u>6/24/16</u> Title: <u>Owner/Member</u> | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM