

No. W 120057	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) GWEN J-LEE <u>Robert J. Lee</u> 165 MARIANNE DR <u>6073 W. 49th S.</u> REXBURG ID 83440 <u>MANO FALLS, ID</u> 83402.																																			
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. MEADOWLARK LLC GWEN J-LEE <u>Robert J. Lee</u> 165 MARIANNE DR <u>6073 W. 49th S</u> REXBURG ID-83440 <u>MANO FALLS, ID 83402</u>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:30%;">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:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><u>Robert J. Lee</u></td> <td><u>6073 W. 49th S.</u></td> <td><u>MANO FALLS</u></td> <td><u>ID</u></td> <td><u>U.S.</u></td> <td><u>83402.</u></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><u>Gwen J. Lee</u></td> <td><u>165 MARIANNE DR</u></td> <td><u>REXBURG</u></td> <td><u>ID</u></td> <td><u>U.S.</u></td> <td><u>83440</u></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<u>Robert J. Lee</u>	<u>6073 W. 49th S.</u>	<u>MANO FALLS</u>	<u>ID</u>	<u>U.S.</u>	<u>83402.</u>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<u>Gwen J. Lee</u>	<u>165 MARIANNE DR</u>	<u>REXBURG</u>	<u>ID</u>	<u>U.S.</u>	<u>83440</u>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>									
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 120057 </div>	6. Signature: <u>Robert J. Lee</u> Name (type or print): <u>Robert J. Lee</u> Date: <u>5-29-17</u> Title: <u>Member</u>																																					
Issued 05/23/2017 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM