

No. W 134453	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) ERIK FINMAN 764 S CLEARWATER LP POST FALLS ID 83854																																										
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. BOTANGLE LLC 764 S CLEARWATER LP POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ERIK Finman</td> <td>764 S Clearwater,</td> <td>Post Falls,</td> <td>ID</td> <td></td> <td>83854</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lorna Finman</td> <td>764 S Clearwater,</td> <td>Post Falls,</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td></td> <td>(Same)</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	ERIK Finman	764 S Clearwater,	Post Falls,	ID		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Lorna Finman	764 S Clearwater,	Post Falls,	ID		83854		(Same)						Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 134453		6. Signature: <u><i>E. Finman</i></u> Name (type or print): <u><i>E. Finman</i></u> Date: <u><i>1/26/16</i></u> Title: <u><i>Manager</i></u>																																											

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM