

FILED EFFECTIVE

No. W 107199

## Reinstatement Annual Report Form

2. Registered Agent and Office  
(NOT A P.O. BOX)EMMELI MAYO  
219 N 10TH ST  
BOISE ID 837023. New Registered Agent Signature.

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.

EMMELI'S, LLC  
EMMELI MAYO  
~~219 N 10TH ST~~  
BOISE ID 83702

1512 N 7th St

REINSTATEMENT FEE

DUE: \$30.00

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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Emmeli Mayo	1512 N 7th St	Boise	ID	USA	83702
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 107199

6.

Signature:



Name (type or print):

Emmeli Mayo

Date:

2-12-14

Title:

Owner

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