

<b>No. W 22418</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> LINDA G BATES 551 N 2600 E ST ANTHONY ID 83445																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SASSY'S FLORAL DESIGN, LLC LINDA 52 N BRIDGE ST ANTHONY ID 83445		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Amanda French</td> <td>3843 E 700N St.</td> <td>Anthony</td> <td>ID</td> <td></td> <td>83445</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> <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"/>	Amanda French	3843 E 700N St.	Anthony	ID		83445	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 22418           </div>		<b>6.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">           Signature: <i>Linda G Bates</i> </td> <td style="width: 40%; border-bottom: 1px solid black;">           Date: 6-7-17         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Name (type or print): Linda G Bates         </td> <td style="border-bottom: 1px solid black;">           Title: Manager         </td> </tr> </table>		Signature: <i>Linda G Bates</i>	Date: 6-7-17	Name (type or print): Linda G Bates	Title: Manager																															
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