


04/18/2013 14:24 FAX

FILED EFFECTIVE

001/003

No. W 109928		Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX) MARK CICCARELLO 5301 W EMERALD ST STE A BOISE ID 83705 5118 N Sawyer Ave Boise ID 83714	
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. F.E.M. DISTRIBUTION LLC MARK CICCARELLO 5301 W EMERALD ST STE A BOISE ID 83705 5118 N. SAWYER AVE BOISE ID 83714		3. New Registered Agent Signature.	
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 checked="" type="checkbox"/> Member <input type="checkbox"/>		MARK CICCARELLO		5118 N SAWYER AVE BOISE ID USA 83714	
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:		6.			
IDAHO W 109928		Signature: 		Date: 4-18-13	
		Name (type or print): MARK CICCARELLO		Title: OWNER	
Issued 04/18/2013 by SLD					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM