No. W 12247	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** BLUE MOOSE CAFE, LLC (THE) ~~PO BOX 323~~ ~~NEW MEADOWS ID 83654~~ 79 E. Aikens Eagle, ID 83616	MARCY S ANDERSON 79 E AIKENS STREET EAGLE ID 83616
REINSTATEMENT FEE DUE: $30.00		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 ☒ Member ☐	Marcy Anderson	79E Aikens	Eagle	ID	Ada	83616
Manager ☐ Member ☒	James T. Anderson	P.O. Box 323	New Meadows	ID	Adams	83654
Manager ☐ Member ☐						
Manager ☐ Member ☒	Mona Anderson	P.O. Box 323	New Meadows	ID	Adams	83654

5. Organized Under the Laws of:	6.
IDAHO W 12247	Signature: [signature] Date: 10-8-14 Name (type or print): Marcy S. Anderson Title: Owner

Issued 10/08/2014 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM