


No. W 74822	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) CAROLINA STEVENS 521 WHITETAIL DR HAILEY ID 83333			
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. NONNAS LLC PO BOX 4184 HAILEY ID 83333					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			3. New Registered Agent Signature.			
Office Held	Name	Street or PO Address		City	State	Country
	Carolina Stevens	P.O. Box 4184	Hailey	ID		83333
5. Organized Under the Laws of:			6.			
IDAHO W 74822			Signature: 		Date: 5.10.10	
			Name (type or print): Carolina Stevens		Title: Owner	
Issued 05/03/2010 by LJM						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted!**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.