

No. W 92165	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ANN MAGEL 3131 N 24TH ST BOISE ID 83702	
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. ESTATE SALES PROFESSIONAL LLC ANN MAGEL 3131 N 24TH ST BOISE ID 83702				3. New Registered Agent Signature.	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Ann Magel 3131 N 24th Bo: ID 83702 USA</i>					
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 92165		Signature:	<i>Ann Magel</i>			
		Name (type or print):	<i>Ann Magel</i>			
		Date: 7-24-13				
		Title: <i>Owner/Manager</i>				
Issued 07/24/2013 by CLH						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**