

No. <b>W 138507</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/31/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SAGE ROGERS 1407 N 13TH ST BOISE ID 83702
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>	1. <b>Mailing Address: Correct in this box if needed.</b> SAGE ROGERS, M.S., LMFT, L.L.C. 1407 N 13TH ST BOISE ID 83702		3. <u>New</u> 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"/>	SAGE ROGERS    1407 N 13 <sup>th</sup> ST    BOISE ID ADA    83702		
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:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 138507           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature: <u>Sage K. Rogers</u>            Name (type or print): <u>SAGE ROGERS</u> </div> <div style="width: 35%; text-align: right;">           Date: <u>1/26/2018</u>            Title: <u>MANAGER</u> </div> </div>	
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