

<b>No. W 61000</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/07/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <i>Incorp Services Inc</i> <i>1524 S Vista Ave</i> <i>Suite 12</i> <i>Boise, ID</i> <i>83705-2536</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> MOMANY LAND, LLC GEORGE M MOMANY 22 S SHORES RD COOLIN ID 83821 USA		3. <del>New</del> Registered Agent Signature. <i>George M Momany</i> <i>on behalf of Incorp Services Inc.</i>
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>George M Momany</i>	<i>5618 S Willamette</i>	<i>Spokane WA USA 99223</i>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Karen C Momany</i>	<i>above</i>	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Chelsea Momany</i>	<i>above</i>	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>McKenzie Momany</i>	<i>above</i>	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Haley Momany</i>	<i>above</i>	
5. Organized Under the Laws of:		6.	
<b>IDAHO</b> <b>W 61000</b>		Signature: <i>George M Momany</i>	Date: <i>April 28, 2016</i>
		Name (type or print): <i>George M Momany</i>	Title: <i>Manager</i>
Issued 04/28/2016 by online			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**