


No. W 114545	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) TAMMY R MCLEAN 2747 WILBUR AVE COEUR D ALENE ID 83815																																			
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. FLIP FACTORY GYMNASTICS LLC TAMMY MCLEAN 237 W HAYDEN AVE HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tammy Mclean</td> <td>2747 W Wilbur</td> <td>COA</td> <td>ID</td> <td>USA</td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Todd Mclean</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tammy Mclean	2747 W Wilbur	COA	ID	USA	83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Todd Mclean	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tammy Mclean	2747 W Wilbur	COA	ID	USA	83815																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Todd Mclean	"	"	"	"	"																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 114545	6. Signature:  Name (type or print): <u>Tammy Mclean</u> Date: <u>10/1/15</u> Title: _____																																					
Issued 09/30/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM