


No. W 100303	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. BLUE EYED GIRL EVENTS, LLC TALIE A ELORDI 15126 UNA ST CALDWELL ID 83607		TALIE A ELORDI 15126 UNA ST CALDWELL ID 83607																																			
REINSTATEMENT FEE DUE: \$30.00			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>Talie A Elordi</td> <td>15126 Una St.</td> <td>Caldwell, ID</td> <td>83</td> <td>USA</td> <td>83607</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> <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"/>	Talie A Elordi	15126 Una St.	Caldwell, ID	83	USA	83607	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 100303	6. Signature:  Name (type or print): TALIE A Elordi		Date: 5/25/12 Title: Manager																																			
Issued 05/22/2012 by SLD																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM