



0005957989

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005957989

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Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$30)

Current Entity Name North Idaho Autism Center LLC

The file number of this entity on the records of the Idaho Secretary of State is: 0005042911

Organized under the laws of: IDAHO

Entity Type: Limited Liability Company (D)

Entity Subtype:

Limited Liability Company Subtype Limited Liability Company

Limited Liability Company Name:

Limited Liability Company name North Idaho Autism Center LLC

The registered agent on record is:

Registered Agent Patrick Charles Ryan
Registered Agent
Physical Address
711 N 8TH ST
COEUR D ALENE, ID 83814
Mailing Address
711 N 8TH ST
COEUR D ALENE, ID 83814-4255

The mailing address of the entity is:

711 N 8TH ST
COEUR D ALENE, ID 83814-4255

The physical address of the entity is:

330 E LAKESIDE AVE # B001
COEUR D ALENE, ID 83814-2834

Limited Liability Company Managers and Members

Name	Title	Address
+ MARY W RYAN PHD	Managing Member	711 N 8TH ST COEUR D'ALENE, ID 83814

The Application for Reinstatement must be signed by a governor.

Title: MANAGING MEMBER

MARY WHITNEY RYAN

Sign Here

11/03/2024

Date

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