


FILED EFFECTIVE

No. W 68790	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) TIM FRAZIER 314 NORTH FIRST AVE SANDPOINT ID 83864 334																																				
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. CEDAR ST. BRIDGE CAFE, LLC TIM FRAZIER 314 NORTH FIRST AVE SANDPOINT ID 83864 334		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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Timothy P Frazier</td> <td>P.O. Box 63</td> <td>Hope</td> <td>ID</td> <td>USA</td> <td>83836</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Manuela Frazier (pm)</td> <td>P.O. Box 63</td> <td>Hope</td> <td>ID</td> <td>USA</td> <td>83836</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Timothy P Frazier	P.O. Box 63	Hope	ID	USA	83836	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Manuela Frazier (pm)	P.O. Box 63	Hope	ID	USA	83836	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 68790		6. Signature:  Name (type or print): Timothy P. Frazier Date: 11/14/16 Title: owner.																																					
Issued 11/15/2016 by online																																							