




No. W 123216	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) BLYTHE JACOBS MOSHER 998 E TEMPLIN CT POST FALLS ID 83854
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. HEMPLIN'S LLC 998 E TEMPLIN CT POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>SAME AS ABOVE</i> BLYTHE JACOBS MOSHER					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>998 E Templin CT</i> <i>Post Falls ID</i> <i>83854</i> KOOTENAI					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 123216 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>Blythe Jacobs Mosher</u> </td> <td style="width: 40%;"> Date: <u>6-7-2014</u> Title: _____ </td> </tr> </table>	Signature:  Name (type or print): <u>Blythe Jacobs Mosher</u>	Date: <u>6-7-2014</u> Title: _____
Signature:  Name (type or print): <u>Blythe Jacobs Mosher</u>	Date: <u>6-7-2014</u> Title: _____		

Issued 06/20/2014 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM