


No. W 48040	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2007		2. Registered Agent and Office (NOT A P.O. BOX) MOLLY SCOTT 2541 JOSHUA WAY TWIN FALLS ID 83301
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. 1 STEP CLOSER L.L.C. 2541 JOSHUA WAY TWIN FALLS ID 83301		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 type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Molly Scott</i> <i>2541 Joshua Way</i> <i>Twin Falls</i> <i>ID</i> <i>USA</i> <i>83301</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-weight: bold; font-size: large;"> IDAHO W 48040 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <u><i>Molly Scott</i></u> </div> <div> Date: <u><i>11/30/12</i></u> Title: <u><i>11/30/12</i></u> </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM