

No. <b>W 127395</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/15/2016</b>  1. Mailing Address: Correct in this box if needed. STELLAR BOUND PUBLISHING LLC CYNTHIA J. FACKRELL <del>1310 E. FARRINGTON AVE</del> <b>9258 S. Cherry Apple Ave</b> <del>BOISE ID 83706</del> <b>Kuna, ID 83634</b> <del>BOISE ID 83706</del>	2. Registered Agent and Office (NOT A P.O. BOX) CYNTHIA J FACKRELL <del>450 N 4th STREET</del> <del>BOISE ID 83720</del> <i>use this address plz</i>  3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Cynthia Fackrell</i></td> <td><i>9258 S. Cherry Apple Ave</i></td> <td><i>Kuna</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83634</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Tommy Fackrell</i></td> <td><i>9258 S. Cherry Apple Ave</i></td> <td><i>Kuna</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83634</i></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 checked="" type="checkbox"/>	<i>Cynthia Fackrell</i>	<i>9258 S. Cherry Apple Ave</i>	<i>Kuna</i>	<i>ID</i>	<i>USA</i>	<i>83634</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Tommy Fackrell</i>	<i>9258 S. Cherry Apple Ave</i>	<i>Kuna</i>	<i>ID</i>	<i>USA</i>	<i>83634</i>	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:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 127395</div>	6. Signature: <i>Cynthia Fackrell</i> Name (type or print): <u>CYNTHIA FACKRELL</u>  Date: <u>17 Nov. 2017</u> Title: <u>Manager</u>																																				

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office