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REINSTATEMENT

No. W 19034	Annual Report Form ADMIN DISSOLVED 07/08/2004		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box if applicable SIMONS SENSATIONS LLC <i>Simons Sensations</i> BEY SIMONS <i>Becky Simons</i> 609 W MAPLE <i>475 Yellowstone</i> POCATELLO, ID 83201 <i>STE A Pocatello Id 83201</i>		BECKY SIMONS 475 YELLOWSTONE STE A POCATELLO, ID 83201												
3. New registered agent signature <i>Becky Simons</i>															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>owner/manager</td> <td>Becky Simons</td> <td>475 Yellowstone Ste A</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	owner/manager	Becky Simons	475 Yellowstone Ste A	Pocatello	ID	83201
Office held	Name	Street or P.O. Address	City	State	Zip										
owner/manager	Becky Simons	475 Yellowstone Ste A	Pocatello	ID	83201										
5. Organized under the laws of: IDAHO W 19034		6. Signature <i>Becky Simons</i> Date <i>9/15/04</i> Name (Typed or Printed) <i>BECKY SIMONS</i> Title <i>owner/manager</i>													