

No. <b>W 158805</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 02/24/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 1016 CDA, LLC PO BOX 1046 <i>c/o Anna Marie Halpern</i> RATHDRUM ID 83858	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ANNA MARIE HALPERN 20788 N ALTAMONT RD RATHDRUM ID 83858  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ANNA MARIE HALPERN</td> <td>P.O. Box 1046</td> <td>RATHDRUM</td> <td>IDA</td> <td>USA</td> <td>83858</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> <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 type="checkbox"/>	ANNA MARIE HALPERN	P.O. Box 1046	RATHDRUM	IDA	USA	83858	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;">IDAHO W 158805</div>	<b>6.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  <i>Anna Marie Halpern</i> </td> <td style="width: 40%;">           Date:            1-29-18         </td> </tr> <tr> <td>           Name (type or print):            ANNA MARIE HALPERN         </td> <td>           Title:            MANAGER         </td> </tr> </table>		Signature: <i>Anna Marie Halpern</i>	Date: 1-29-18	Name (type or print): ANNA MARIE HALPERN	Title: MANAGER																															
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**