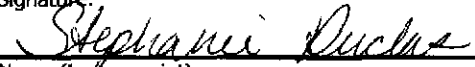
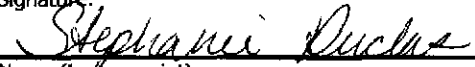
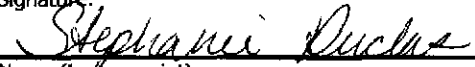


No. W 99897	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) STEPHANIE DUCLOS 1882 HWY 95 N GRANGEVILLE ID 83530
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FAMILY SOLUTIONS, LLC STEPHANIE DUCLOS 1882 HWY 95 N GRANGEVILLE ID 83530		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"/>	Stephanie Duclos	1882 Hwy 95 N	Grangeville,	ID	USA	83530
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;"> IDAHO W 99897 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 7/3/17 </td> </tr> <tr> <td> Name (type or print): Stephanie Duclos </td> <td> Title: Owner </td> </tr> </table>	Signature: 	Date: 7/3/17	Name (type or print): Stephanie Duclos	Title: Owner
Signature: 	Date: 7/3/17				
Name (type or print): Stephanie Duclos	Title: Owner				

Issued 07/25/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM