

No. W 68780	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) SUSANN INGMAN 2416 E TIGER LILY DR BOISE ID 83716	
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. INGMAN L.L.C. SUSANN INGMAN 2416 E TIGER LILY DR <i>4398 Rimview Way</i> BOISE ID 83716 USA		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
<i>Mgr.</i>	<i>Glendon Ingman</i>	<i>4398 Rimview Way</i>	<i>Boise</i>	<i>Id</i>	<i>US</i>	<i>83716</i>

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 68780 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <i>Susann Ingman</i> </td> <td style="width: 30%;"> Date: <i>7/25/11</i> </td> </tr> <tr> <td> Name (type or print): <i>Susann Ingman</i> </td> <td> Title: </td> </tr> </table>	Signature: <i>Susann Ingman</i>	Date: <i>7/25/11</i>	Name (type or print): <i>Susann Ingman</i>	Title:
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Issued 02/25/2011 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.