


No. W 140789	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) CHRISTIAN WU 400 S RABBIT TRAIL POST FALLS ID 83854							
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. SOUPLEFLY, LLC CHRISTIAN WU PO BOX 2403 POST FALLS ID 83877		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <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> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Christian Wu	PO Box 2403	Post Falls	ID	USA	83877				
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; font-size: 1.2em;"> IDAHO W 140789 </div>		6. Signature:  <hr/> Name (type or print): <div style="text-align: center; font-size: 1.1em;"> Christian Wu </div>		Date: <div style="text-align: center; font-size: 1.1em;"> 12/16/15 </div> <hr/> Title: <div style="text-align: center; font-size: 1.1em;"> President </div>						
Issued 12/16/2015 by online										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM