

No. W 156945	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA																																			
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. AMBERLIGHT HYPNOSIS, LLC 2791 AQUA CIRCLE UNIT 7 #C DALTON GARDENS ID 83815 2206 E Knapp Dr. Post Falls, ID 83854																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Amber Gordon</td> <td>2206 E Knapp Dr.</td> <td>Post Falls</td> <td>ID</td> <td>US</td> <td>83854</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"/>	Amber Gordon	2206 E Knapp Dr.	Post Falls	ID	US	83854	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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