
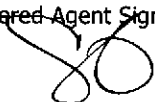



No. <b>W 90505</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/26/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <b>SARA MCCLARAN EDMINSTER</b> 108 NORTH 6TH STREET BOISE ID 83702 																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> IDAHO INDIE WORKS LLC SARA E MCCLARAN EDMINSTER <del>108 NORTH 6TH STREET</del> <del>BOISE ID 83702 USA</del> <b>6064 S. Santa Cruz Ave</b> <b>Boise ID 83709 USA</b>		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sara Edminster</td> <td>6064 S. Santa Cruz Ave</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83709</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Molly Seaman</td> <td>1501 N. garden st</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83706</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"/>	Sara Edminster	6064 S. Santa Cruz Ave	Boise	ID	Ada	83709	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Molly Seaman	1501 N. garden st	Boise	ID	Ada	83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 90505</div>		6. Signature:  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Name (type or print):  <b>Sara Edminster</b> </div> <div style="width: 35%;">           Date: <b>7/14/15</b>            Title: <b>Manager/owner</b> </div> </div>																																				

Issued 07/14/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**