

No. W 133526	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) KIMBERLY LEDWA 1420 SANDAL CREEK NAMPA ID 83686
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. KIMBERLY LEDWA, LLC KIMBERLY LEDWA 1420 SANDAL CREEK NAMPA ID 83686		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"/> <i>Kimberly Ledwa</i> <i>1420 Sandal Creek</i> <i>ID</i> <i>USA</i> <i>83686</i> <div style="text-align: right; margin-right: 100px;"><i>Nampa</i></div>			
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-weight: bold; font-size: large;"> IDAHO W 133526 </div>		6. Signature: <i>Kimberly Ledwa</i> <hr/> Name (type or print): <i>Kimberly Ledwa</i> <hr/> <div style="text-align: right; margin-top: 10px;"> Date: <i>5/5/15</i> Title: _____ </div>	
Issued 05/08/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM