

No. W 86748		Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) ANGIE K SIMPSON 4811 COMANCHE POCATELLO ID 83204	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IMAGE DESIGNERS LLC ANGIE K SMITH 4811 COMANCHE POCATELLO ID 83204 USA		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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"/>		Angie Smith	1108 S. Main	Pocatello	ID USA 83204
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Travis Smith	1108 S. Main	Pocatello	ID USA 83204
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 86748		6. Signature: <u>[Signature]</u> Date: <u>Apr 15, 2013</u> Name (type or print): <u>Angie K Smith</u> Title: <u>manager</u>			

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM