

No. <b>W 108897</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/07/2013</b>		2. Registered Agent and Office (NOT A P.O. BOX) ELIZABETH L HELMS 3115 N 12TH ST COEUR D ALENE ID 83815	
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. LIZZIE LOU'S, LLC 6112 N GOVERNMENT WAY DALTON GARDENS ID 83815		3. <u>New</u> Registered Agent Signature,	
REINSTATEMENT FEE DUE: <b>\$30.00</b>					
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"/>		Elizabeth L Helms		6112 N. Government Way Dalton ID 83815	
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:		6.			
IDAHO W 108897		Signature: <i>Elizabeth L Helms</i>		Date: 3/14/13	
		Name (type or print): Elizabeth L Helms		Title: Owner/Mgr.	
Issued 03/14/2013 by JLI					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM