

W 24956

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No. <b>W 24956</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KARLA STEVENSON 24728 BARBARA LN CALDWELL ID 83607-8360																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. STEVENSON PROPERTY MANAGEMENT, L.L.C. KARLA M STEVENSON 24728 BARBARA W CALDWELL ID 83607																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. <u>New</u> Registered Agent Signature.																																			
<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 type="checkbox"/> Member <input type="checkbox"/></td><td>Karla Stevenson</td><td>24728 Barbara Lane</td><td>Caldwell</td><td>ID</td><td></td><td>83607</td></tr><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Tony Stevenson</td><td>24728 Barbara Lane</td><td>Caldwell</td><td>ID</td><td></td><td>83607</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 type="checkbox"/> Member <input type="checkbox"/>	Karla Stevenson	24728 Barbara Lane	Caldwell	ID		83607	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tony Stevenson	24728 Barbara Lane	Caldwell	ID		83607	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:  <b>IDAHO W 24956</b>		6. Signature: <u>Karla Stevenson</u> Name (type or print):  Date: <u>11-21-16</u> Title: _____																																				
Issued 11/21/2016 by online																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**